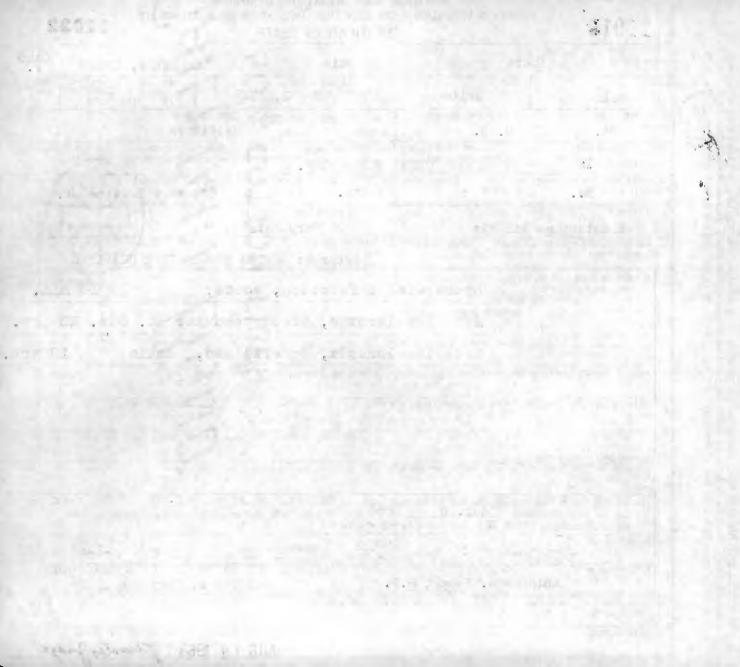
1 .		11013	DIVISION OF VITAL RECORDS,	301 W. P	DEPARIM RESTON STR ATE OF	REET, BALTIMOR DEATH	TH E, MARYLAND 2	1201 1102	1
1 and 2 er death.		ECEASED-NAME First Type or print) PEA	RL VIOLA	ADA	lost MCZYK	-ADAMS 20.	DATE OF DEATH Month	1 Day 68 Year	26. норум 10:20
8 E	3. 5	FEMALE	4. RACE WHITE		S. DATE OF BI	RTH 8,192	6. AGE (In lost birth	yeors IF UNCER ) YEAR MONTHS OAY!	
72 hours	B	altimore, Md.	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   WIDOWED		RIED 9. CO	BALTIMO		Md
THE SE		CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL OR IN	MED.	ot in hospital CENTER	R during most of	UPATION (Kind of wo working life, even if	retired.) 12b. KIND (	OF BUSINESS OR
ony event,		USUAL RESIDENCE (Where deceosed ission) STATE 164	d lived, if institution: Residence before	Balti	TOWN BOTE	YES NO	808 S. R	obinson St	.#24.
No un	14.	FATHER'S NAME First	Middle Lost  Kwiatkowski	lis	MOTHER'S MA	AIDEN NAME First		Middle	etka
or removof, and	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY or dates of service)	10. 17. 1 Je	FORMANT Seph W	. Adams:	808 S. R	Address obinson St	.#24.
signed by the othe burial-transit perr burial, cremotion,	z	Conditions, if any, which gove the total mediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ITIONS CONTRIBUTING TO DEATH BUT N				YDRATION		
Health prior to	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY? No 🔀	20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CONSIDERED IN	CERTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OCATH (If either, notify medical examine 21d. INSURY OCCURRED While Mot while At work	HOUR A.M. Manth Doy Year	,			e of injury in Part 1 c	or Port 2, Item 18.)	State
DIRECTOR: After this certige 3 should be detached led with the State Dept. o		22a, I certify that (I) (this saw the deceased aliv	haspital) attended the decease we an	ed from 9_68, and bady after a	7/16 I that in (m	, 19 <u>68</u> y) (aur) apinian	to 8/1 death accurred a	, 19 <u>_68</u> , the n the date and hau	at (I) (we) las r and from the
led will			r.F. Naein	DEGR		DIRECTO	STAFF C	22c. DATE SIGNED 8/1/6	8
should be f			AMARZ NAEIM, MD		22e. ADD	GBMC			
e la	L		5-68 Sacre	l Hear	CREMATORY			n Hill Rd.	,Ba.Co.
V. 1/68	24.	harles Seiler	901 S. Conkidin			DATE AUG 6	1968 25b. RE	GISTRAR'S SIGNATURE	udge

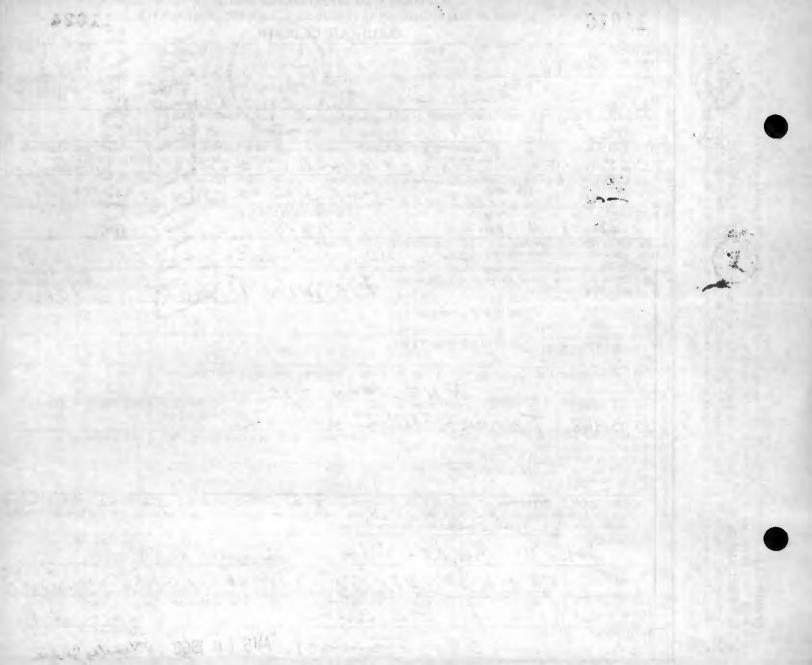
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MARYLAND STATE DEPARTMENT OF HEALTH

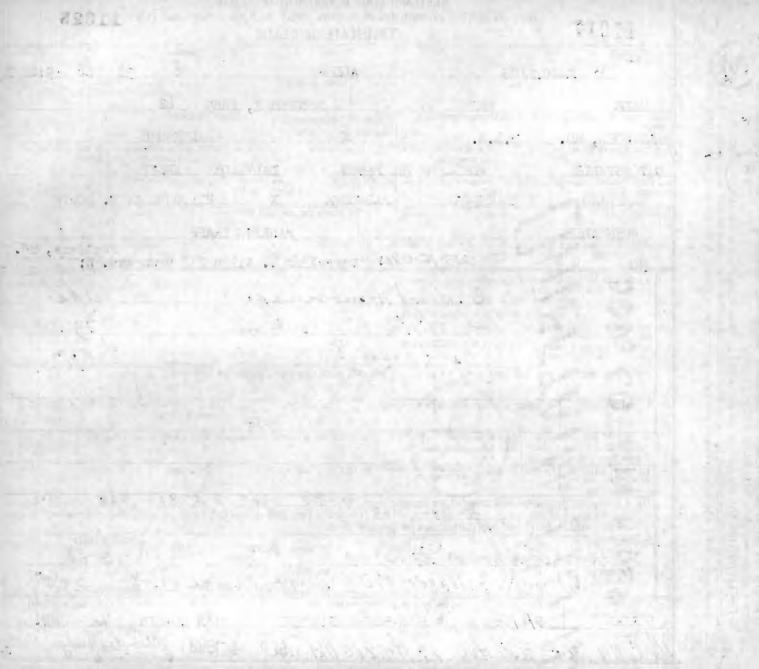


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	11	MARTLAND STATE DEPARTMENT OF HEALTH					
/	_	11016 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11024					
6		CERTIFICATE OF DEATH					
£ 82	_ lī	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR					
5 575		(Type or print) HARRY K ALLEN ALGUEST 13 YEOR 8110 PM					
\$ E # 5	L.	7//// 1 / 1/// 1/// 1//// 1////////////					
5 (3/L)	3	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.   I GOVER 24					
专业等		male WHITE December 2 1910 57 YRS. MONTHS DAYS HOURS MIN					
N MANAGEMENT	-						
0 P 0		76. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)					
24 hours after death ed in by recumed pers. Pege 1 and 1 17 hours after death	T'	TENN. V.S.A. WIDOWED DIVORCED BALTIMORE Md.					
vithin 24 lift filled is ban paper within 72	, li	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR					
be executed within 24 i ond completely filled i e remove carban pape lin any event, within 72	10	CATONSVILLE give street address) TNURSING H. during most of working life, even if refired.) INDUSTRY Westernshows					
nt, int		30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c. CITY OR TOWN   13d. MSIDE CITY LIMITS?   13e. STREET AND NUMBER					
ecuted with completely ove carbar y event, wi	0	Odmission) STATE MD. 136. COUNTY ALTO. CATONSUILLE YES NOW 31 DUNVERAN KS.					
d co	7/5	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost					
		ELEWIS R. ALLEN MARY C. SMITH					
on Son		160. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17, INFORMANT   Address					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1	Yes, no, or unknown) (If yes give wor or dates of service) 409-16-1286 Mets. Zina C. allen-3/December 3/					
PHYSICIAN: The law requires that the deoth certificate e hospitol or ottending physician. his certificate has been signed by the ottending physicial stacked for use as the burial-tronsit permit. The places Dept. of Heolth prior to burial, cremation, or removal and	-	The state of the s					
S E		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)					
를 돌다 일		PART I. DEATH WAS CAUSED BY:					
e deoth offendi		IMMEDIATE CAUSE (o)					
on of on	- 1	DUE TO, OR AS A CONSEQUENCE OF					
4 等	- 1	Conditions, if ony, which gove )					
y t		rise to immediate couse (a), (b).  Stating the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF					
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Sic		lost. (c)					
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the law rottending has been se as the hprior to	8	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  201. ACCIDENT WAS UNDERLYING 1216 TIME OF INVIEW 1216 HOW INVIEW OF COURSE OF FIGURE 18.3					
r off r off e ho	2	FEB1968 TUMOR LITEMPERECOBEYES NOTEX CAUSES OF DEATH?					
e e e e e		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)					
Po o o o He							
豆煮生もち	1	Ellf either, notify medical examiner) P.M. 19					
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PHYSICIAN: he haspitol or this certificate letached for u		White Not while 1 \ \ \text{\tin}\\ \text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi\texi\tin\tint{\texi\text{\tex{\text{\text{\text{\text{\text{\texi}\text{\texit{\text{\ti					
DING PHYSICI by the hospit ifter this certif be detached State Dept. of		di work di work					
IDING d by t After d be d		22a. I certify that (1) (this hospital) attended the deceased from 3 v Ly 1, 19 68, to A v 6 12, 19 68, that (1) (we) last					
=		saw the deceased alive on AV 6-12 1968, and that In (my) (corn) opinion death occurred an the date and have and from the					
# E 8 9 # E		causes stated above, (1) (we) (did) ( <del>did not</del> ) view the bady after death.					
▼常日伝表	- 1	22b. SIGNATURE) 22c. DATE SIGNED					
OR AFTEN be retoined DIRECTOR: A e 3 should ed with the		John M. Amder Madegree ATTENDING MED. STAFF DIRECTOR DIRE					
	- 1						
MITA P P P P P P P P P P P P P P P P P P P	1	NAMETYPE) JOHN N. SNYDERNOD 6348 FREDERICKRO CATONSVILLE MD					
SPITAL 4 may VERAL Por, poo		22d. PHYSICIAN'S NAME (Type) JOHN N. SNYDERNOD 6348 FREDERICKRD CATONSVILLE MD					
0 = 7.3		23c. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City or Town) (County) (Stote),					
물 음문 등 이	2	250. BOKAL KEMATION, / 1 250. DATE / 15016/					
O HOSPITAL OR AFTEN Poge 4 may be retoined o FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	2	Destroyed Consisted 1/1 C 1 C 1					
TO HOSPITAL OR AFTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		REMOVAL (Specify) 8-15-68 Lakerium Com. Carrell Country Sud.					
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1	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH	E, MARYLAND 21201 11025
NAC'S	i. DECEASED-NAME First Middle (Type or print)		DATE OF DEATH 2b. HOUR Month Day Year
	MARCELIJIS 3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years   IF UNDER I YEAR   IF UNDER 24 HRS.
d in by the upers. Pages 72 hours after	MALE.  7a. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?		last birthday) MONTHS DAYS HOURS MIN BEST BEATH
ed in apers.	RATITIMORE, MD. II.S.A.  O. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR IN	WIDOWED DIVORCED	BALTIMORE MC
表 90	CATONSVILLE give street oddress) HOUSE, IN TH	E PINES during most of BALTIM	warking life, even if retired.) ORE TRANSTT
event event	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY BATTEMORE	PASADENA 13d. INSIDE CITY LIMITS?  YES NO 1	13e. STREET AND NUMBER  2TT DRIM AV E. SOUTH
in ony	4. FATHER'S NAME First Middle Lost JOHN ALLEN	IS. MOTHER'S MAIDEN NAME First PAULTINE	Middle Lost
al, ond	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 2/3-/0-0;	NO. 17. INFORMANT	Address Pasadena, Md.
permit. Ther	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
tion, or	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove )	5 A I I C	100
	rise to immediate cause (a). stoting the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF	a la of Contornin	177
buriol,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
a	19a. Date of Operation 19b. CONDITION FOR WHICH OPERATION WAS PE		206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Health		YES NO 21c. HOW INJURY OCCURRED (Enter natur	e of injury in Part 1 or Part 2, Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical exominer)  P.M.  1.  21d. INJURY OCCURRED While Not while at work  AT HOME, FARM, STREET, FAIL OFFICE BUILDING, ETC.		City or Town County State
	22a. I certify that (I) (this haspital) attended the decease	9 & & ond that in (my) (out) opinion	to
n m	22b. SIGNATURE  THENNY K. Salls and The	DEGREE ATTENDING MED. DIRECTO	R STAFF 22c. DATE SIGNED
Should be nied with the	22d. PHYSICIAN'S NAME (Type) Wilmer R. Gallager,	M.D. 220 ADDRESS GREATER	char Baltiner md.
0	PEMOVAL/Specify)		LOCATION (City or Tawn) (County) (State) GLEN BURNTE AA MD
	24 FUNERAL DIRECTOR ADDRESS	imore Md 250. REC'D BY REGI	



100		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	000
FOR STATE		11918 Items MEDICAL EXAMINER'S CERTIFICATE OF DEATH kk	1026
HEALTH DEPT.	1 D		y Yeor 25 HOUR
	. (	PECEASED-NAME First Through ARON HIME 20. DATE KNOWN DO Month Do OF ESTI- DEATH MATED ARG	11 1968 /2 PM
Pag Pag	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE IN YOURS I FUNDER I YEAR IF UNDER 24 MRS 2C DATE PRONOBINGED DEAD	2d. HOUR
ny deloy is 2, and 3 to PM3. Page		M W 4-15-13 55 YRS MONTHS DAYS MDJRS M.N. Month Day,	Year 1968 10PM
2, 2, n Pepo		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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hours ofter death ny em 18. Give Pages 1, 2, fifice olong with farm P and 2 with the State Depa	10. €		KIND OF BUSINESS OR DUSTRY
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hours ofte	=	odmission) STATE IN D. 130/COUNTY BATTMORE YES NO U Y 115 GROVELIN	DAVE
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s within I beautiful in pentiti in Examinati	()	(es. ng_or unknown)tit wes dure wear or dates of service)	
with mark Exam File	⊨		APPROX MATE INTERVAL
be executed "pending" in sief Medical E. ansit perm.t. F event within		18. CAUSE OF DEATH (File only did couse per line for (a) (b) and (c).)  PART I DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) SUBDURAL IFEMATOMA	BETWEEN DISSET AND DEATH
e execut pending ef Medic ssit perm		DUE TO, OR AS A CONSEQUENCE OF	2
"pe insit		(anditions, if dry, which gave) " CRANID - CEREBRAT TRAUMA	6 WKS
e Cr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	•
should be e se word "per o the Chief A burial-transit		<u> as1.</u> (c)	
INER: This certificate should be executed within a certificate, writing the word "pending" in pendit should be forwarded to the Chief Medical Examiner files.  3 should be used as a burial-transit perm.t. File page nation, or removal, and in any event within 72 hours.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certil writi orwar used moval	ATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This colore, be for	CERTIFICATION	6-29-68 WAS PERFORMED? TAB DUILEM / EMADINA  210 EXTERNAL SELIST WAS 216 TIME OF NILL DY Month Day Year 214 HOW INLIPY OF CIPPED (SOLVE ADMINISTRATION OF COLUMN AS A SOLVE AS	YES NO
d bed bed bed bed bed bed bed bed bed be		216 EXTERNAL AUSE WAS 216 TIME OF NULRY Manth, Day, Year 21c, HOW INJURY OCCURRED (Enter nature of in Juy in Part 1 or Part 2, Item	18)
INER: Te certifice should be files. 3 should a should be files.	MEDICAL	CAUSE OF DEATH	
	2	21d. INJURY OCCLERED  21e. P.ACE OF IN. LRY (At home form street,  WHILE AT WORK AT WORK AT WORK  21e. P.ACE OF IN. LRY (At home form street,  BELTHY , YELL AT OWS IN BATE  O	aunty Stote
DEPUTY SICAL EXAM cessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calls prior to buriol, crem		22a. I certify that I taak charge of the remains described above held an Autapsy Inspection Inquiry	
CAI exe exe ar. 8 d fo corrice		death resulted fram Natural causes Accident M. Suicide Mamicide Undetermined monner	
Sose irrect of the Land		CHIEF MEDICAL EXAMINER	
ITY SIC.		SIGNATURE M.D. ASSISTANT MEDICA. EXAMINER 226 DATE SIGN	NED
EPUTY SSSORY, I funeral oy be r JNERAL Ith prid		EVAMINED'S / DEPUTY MED CALEXAMINER BY	11-68
TO DEPUTY necessory, the funera S may be TO FUNERA Health pr	L	NAME (Type) WILLIAM H. FILLSBURY ADDRESS(STIEN, JAMBA, OF 165MM	
10 H	230	BURIO (REMATION. 230 DATE > 23c NAME OF CEMEPERY OR CREMATORY 23d LOCATION (City or Town) - (Co.	unty) (Stote)
	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGN	ATI 25
VR A15ME (51 A D	11/	upda Tungera PHone Phone Phone Plane - 8-11 DATE AUG ! 3 1968 Peliante	o Judge
10M REV. 1768	4	Les of the service of	U



1 2)	1	MAKTLAND STATE DEPARTMENT OF HEALTH  TO TE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4.004
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1027
HEALTH DEPT	, [	FCFASED NAME First Middle Lot 10 DATE VACUALITY NAME	Doy Yeor 2b HOUR
		Type or runity to be 11 and 12 and 13 and 15	7 1962 10 1
5 m & 4	3 9	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IFFUNDER 24 HRS 2c DATE PROMOUNCED DEAD	2d HOUR
any deloy is 2, and 3 to PM3. Poge		ale (an 3/28/38 30 YRS	Yeor 19 48 10 PN
1, 2, n 5	70	BIRTHPLACE (Stobe or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED V COUNTY OF DEATH  OTHER MARRIED DIVORCED BALL MORE	
form form			Mo
ofter death  8. Give Pages 1, along with form with the State De	10.1	give street oddress) (1 ) during most of working life, even if retired )	126. KIND OF BUSINESS OR INDUSTRY
er d Sive ng v h th	130		warehouse
thours ofter deoth frem, 18. Give Pages 1, Office along with form 1 and 2 with the State De ofter death	0	dmission) STATE-ON - L. II 18h COUNTY O 3 \	ROOK Rd
ours and 2		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 hours ofter death artem, 18. Give Pag 18. Office along with 18. Iond 2 with the Sta 17. ofter death	N	enneth J. Bailer Sr. Mary E. Amos	
ğ g	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
with year xam	L.	(es, 90, or unknown) (4/14/60-9/01/66212-36-0706) many Kibles 3648 Ulbshrighin Ben	
ted : in the Him Him		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART   DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding ledit		MMEDIATE CAUSE (a) MUNITIPE LASTICE (S	
e e e) pen ef N ef N		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove	
Chi Chi		nse to immediate couse (a). (b) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed with ficote, writing the word "pending" in pen be forworded to the Chief Medical Examid be used as a burial-transit permit. File p or removal, and in any event within 72 h		last (c)	
the same of the sa		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffice iting orde	l s	,,54	
INER: This certile certificate, writshould be forwardiles. 3 should be used origin, or removo	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cote be for the formula f	ERTIF	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NO
<b>₩</b>	18	PRIMARY OR CONTRIBUTING HOUR AM	
INER should should should should files.	MEDICAL	21d IN. JRY OCCURRED   21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
bical Examiner: This certificate should be executed with se execute the certificote, writing the word "pending" in pentor. Page 4 should be forworded to the Chief Medical Exampled for your files.  ECTOR: Page 3 should be used as bunal-transi permit. File publicul, cremation, or removal, and in any event within 72 has been as the contraction of the contraction.		WHILE DIOT WH. ES foctory, office bu ding, etc) AT WORK DIAT WORK STREET  Md. Rtc 165 Nort of HARford	Co. Line Mo
L EXA cecute Poge for you NR:Pag		220. I certify that I took charge of the remains described above, held an Autopsy A Inspection . Inquiry	and in my opinion
EPUTY SICA ssary, please extended director.  The retained in NERAL DIRECTOR  The prior to bus		deoth resulted from. Notural causes . Acadent , Suicide ., Homicide ., Undetermined monner	
pleose director retaine or to b		ACTUAL PLEES 2-1 - CHIEF MEDICAL EXAMINER -	
UTY SICA Iry, pleose estad director. be retained RAL DIRECTO		SIGNATURE M.D ASSISTANT MED CAL EXAMINER ZZD. DATE SI	IGNED
O DEPUTY  Decessory, please execute the funeral director. Page 4  5 may be retained for your  7 FUNERAL DIRECTOR: Page  Health prior to buriol, crem		EXAMINER'S NAME (Type) Werner L. Spit?  ADDRESS(Street aty, town, or county)	10.00
TO DEPUTY necessary, the funera 5 may be TO FUNERA Haalth pr	230	BURIAL, CREMATION 236 DATE , 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
X		Burial 8/21/68 Lorraine ParkCemetery Bultimore Ma	ryland
way.	24.	FUNERAL D.RECTOR ADDRESS 250 REC D BY REG STRAP 250 REGULAR STRAP	my mage
VR A15ME (5) 10M REV 1/68	0	mbrose Tic 1328 Sulphur Spring Rd. DATTAUG 26 1968 July	0



		- DIVISION OF VI	MAKYLAND STATE DEPA TAL RECORDS, 301 W. PRESTO			
FOR STATE		1 . 3 . 3 . 3 . 3 . 3	EDICAL EXAMINER'S C	•	শ্বা	1028
HEALTH DEPT.	1 D	ECEASED NAME First	Meddle	lost	AUI	
	(	(voe or Print)			20 DATE KNOWN Month OF ESTI- DEATH MATER Aug.	14 19 687:30
- + KD	3 5	PEARL  A RACE IS DAT	y.	BAKER  F UNDER YEAR   IF LINDER:	DEATH MATED	
	3 3		F OF BIRTH 6 AGE (in years last birthday)	MONTHS DAYS HOURS	ZC DATE I KONODICCO DENO	Yeor 1968 7:30
P. a	7	FEMALE WHITE	72 YRS			yeor <sub>19</sub> 68 7:30 <sub>N</sub>
Dep B.	{01u	to/l		RRIED NEVER MARRIED	9 COUNTY OF DEATH	
hes larr farr		ROMANIA U.	No file	OWED DIVORCED	BALTIMORE	M
Page Vith St.		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION			12b KIND OF BUSINESS OR INDUSTRY
after death by de 8. Give Pages 1, 2, and alang with farm PM3 with the State Departm.		Baltimore 21207	6800 LIBERTY RD.	APT. 411	HOUSEWITE	AT HOME
s after 18. Grand alang the state of the sta	130	JSJAL RESIDENCE (Where deceosed lived, dm ssion) STATE MARYLAND 13b (C	it institution. Residence before lac (III)		DAL	MORAL APTS.
		MARYLAND	DUNTYBALTIMORE	YES N	TO POUR EX COUNTY NO	
24 hours in Item 11 r's Office s land 2 rs after d	14 1	ATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NAME	First • Middle	Lost
cl in 24 cl in ner's ner's ages	160	HYMAN WAS DECEASED EVER IN U.S. ARMED FORCES?	YAKOWITZ	· · · · · · · · · · · · · · · · · · ·	OBY	BELZENBERG
be Executed within "pencling" in penclief Medical Examine Insit permit File page		es, no, or unknown) (If yes give war or dates o	f service)	17 INFORMANT	ADDRESS	40000
with no per Exam		NO NO		<u>R. IRVIN KATZ,</u>	4101 COLBY ROAD,	#21208
be Executed "pending" in viet Medical E Insit permit fevent within		18 CAUSE OF DEATH (Enter only one cou PART I DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nding" i Medical permit it within		IMMEDIATE CAUSE	(o) Coronary Ar	tery Disease		20 min.
e mxecute pending" of Medical sit permit		Conditions, if only, which gove )	TO, OR AS A CONSEQUENCE OF			
Chie		nse to immediate couse (a),	(b)			
shalld be executed within 24 needing in penclin of the Chief Medical Examiner's burial-transit permit file pages in any event within 72 hours		stating the underlying cause DUE	TO, OR AS A CONSEQUENCE OF			
			(t)			
This certificate sh cate, writing the be farwarded ta t be used as a bur ir remaval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS COL	FRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
rtife rutin vard d a	NOI	190 DATE OF OPERATION	196 COND TION FOR WHICH OP	TOAT (ON)		An huranna
9 5 5 kg	FICAT	770 DATE OF OPERATION	WAS PERFORMED?	CKAHON		20 AUTOPSY?
ER: This certificate stretificate, writing the ould be farwarded to es hauld be used as a buton, ar remaval, and ir	GERTIFICATION	21o EXTERNAL CAUSE WAS 21b	TIME OF INJURY Month, Doy, Year	TI, MOW INTIDA OCCUBBLE IE	ter noture of in any in Port 1 or Port 2, Item	YES NO
# 7 4		PR.MARY OR CONTRIBUTING	HOUR A.M.	THE HOW INSORT OCCURRED (EM	er norbre of in cry in Port   or Port 2, Itel	м +0 )
e ce shou files 3 shou a shou	MEDICAL	CAUSE OF DEATH NONE	P.M. 19 NJURY (At home form, street,	RIF LOCATION Street or R.F.D. No.	City or Yown	County State
EXAMITER: ute the certing 4 should your files Page 3 shaul	~		building, etc)	TO TOOK TON THE OLK TO NO	Chy or fown	county store
11 - 9 mm			f 44	1.11		
ICAL Executor Page 1 for Page 1 f			ge of the remains described abov		Inspection X, Inquiry X	
se ecto		degin resulted from: Natur	al causes 🛅 , Accident 🔲 ,			
Ty please y, please in retaine externe externe prior to b		ACTUAL A A E	anles -	CHIEF MEDICAL		ICHER
ETLITY Ssary, funeral ay be JNERAL Ith pri		SIGNATURE ZI	good		CAL EXAMINER 22b. DATE S	5-68
ecessory, please exect the funeral director Pormay be retained for FUNERAL DIRECTOR: ealth prior to burial,		EXAMINER'S D. D. Caple	s, M. D. 6 Han	over Rd	t EXAM NER X 8-1	3-00
necessory, the funera 5 may be 6 FUNERA Health pr	230	BUR AL CREMATION, 236 DATE	23c. NAME OF CEMETERY			(County) (See-)
	.00	REMOVAL (Specify)				(County) (State)
.ty.	24	BURIAL 8-16-6	8 OHR KNESSET ADDRESS		E SFARD BALTIMORE BY REGISTRARS S	GNATURE.
VR A15ME (5)	SO	L LEVINSON & BROS.			BY REG STRAR 25b REGISTRAR 5 S	Mes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a DATE OF DEATH death. First 2b HOUR 50 M (Type or pont) 10 0 executed within 24 haurs after burial-Iransit permit—Men please remave carban papers. Pages 1 burial, cremation, di remaval, ond in any event, within 72 hours after 3. SEX 4. RACE IF UNDER 1 YEAR IF JNDER 24 HRS. AGE (In years last birthday) DAYS HOURS MONTHS male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED filled in (country) Baltio WIDOWED A DIVORCED [ 120, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR give street address) during mast of working ite, even if retired ) INDUSTRY remave carban (TOYVISON campletely 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OF TOWN 13e STREET AND NUMBER 138. INSIDE CITY LIMITS? admission) STATE 13b COUNTY Baltio YES I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost DAMEL MCGIBRONS physician o 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wer or dotes of service) udson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line fox (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from \_19\_\_\_\_\_\_\_\_and that in (my) (our) opinion death accurred on the date and have and from the saw the deceased alive an. causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIÁN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY-23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) CAROLINA 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68 DATE G.CONNELLY MACE







MARYLAND STATE DEPARTMENT OF HEALTH 11924 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11032 CERTIFICATE OF DEATH Middle Lost 2g, DATE OF DEATH DECEASED-NAME First August Month 31- Day (Type or print) W Joseph Barton 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR after signed by the attending physician and campletely filter in by the burial-transit permit. Then please remove carbon papers. Pages burial, cremation, ar removal, and in any event, within 72 hours afte White. Oct. 9- 1890 losy (hithday) Male 76, CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 34 ha Maryland Baltimore U.S.A. WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 4:00 Westfield Rosering Reto worldtise Klewator Corky Dundalk 130. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Box 639B, Rt. 15, New Middle Section Rule 14 FATHER'S NAME M.ddle LOST IS MOTHER'S MAIDEN NAME First Annie Wells Charles Barton 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO 37 INFORMANT Yes no or Linkagwin) (If her give well or dates of service) Daughter, Mrs. Catherine B. Gladden #13, e 214-03-0414A 18. CAUSE OF DEATH (Enter only one cause per in) for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thu Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER MONTE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO FUNERAL DIRECTOR: After this certificate has been a director, page 3 shauld be detached far use as the director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED AUTOPSY? CAUSES OF DEATH? 212 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 210, ACCIDENT WAS UNDERLYING 216 TIME OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M 21e PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 21/. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while of wark 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR Sagtember 1- 168 DEGREE 22d. PHYSICIAN S 2222 Mornington Rd. Dundalk, Md. 21222 Melvin B. Davis, M.D. NAME (Type) Baltimory County, Md. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (State) Gardens of Faith REMOVAL Soughy) Sept. 3-1968 24. FUNERAL DIRECTOR ADDRESS 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE John J. Duda, Dundalk, Md. 21222 1968





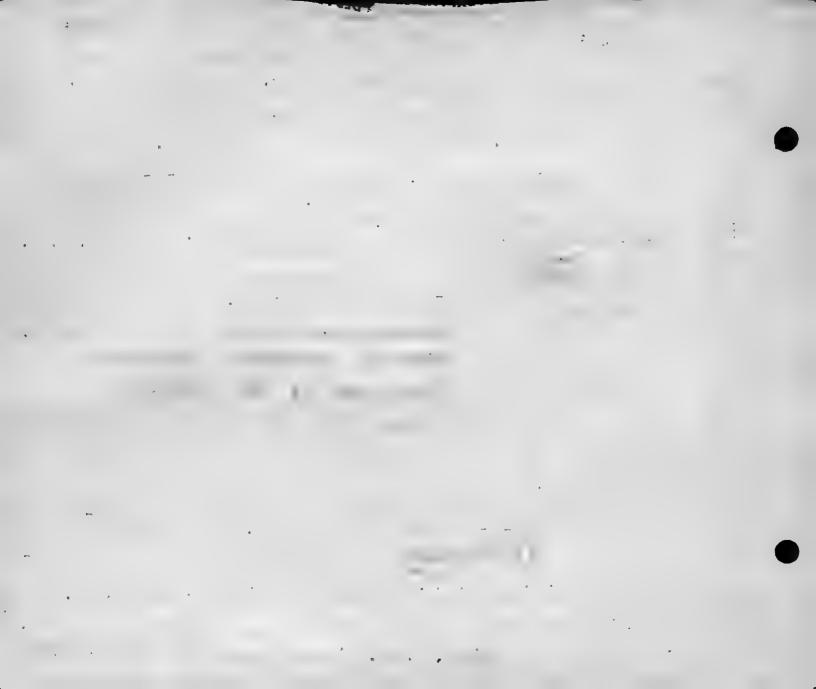
1/	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11000
		11026 CERTIFICATE OF DEATH	11034
death.	1 D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH  (ype or print)	Yeor 2b HOUR
-8 @ 618	3. S	C FIZA DE (N ISENSER 9-6	IF UNDER I YEAR OF JUNDER 24 HRS
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P P P P P P P P P P P P P P P P P P P	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 by ind in pers		Md. U.S.A WIDOWED DIVORCED BALTIMORE	Md.
ithin y fille vithin po		TOWSON  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Towson  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
d w lettel	130	USDAL RESIDENCE (Where deceased lived, it institution. Residence before 13sc CITY OR TOWN. 1 13d INSIDE CITY LIMITS? 1136 STREET AND NUMBER	
ecute camp ave c	odm	13th COUNTY BALTIMORE PALTIMORE YES NO 13/11 E MON	IUMENT St.
and rem	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First CRAde Middle  Christian BLAZER THERESA GRADE	Lost
ite b cian ease and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	
iffica hyme val, c		(es, no, or unknown) (If yes give war or doles of service) 2)8 - 0/- 8 2290	
т сег Лре Пре	Г	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endii nit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) A coute my ocarbine unforction	15 min.
he d afte permion,		4/07 DUE TO, OR AS A CONSEQUENCE OF .	
at the nast		Conditions, if ony, which gove rise to immediate cause (o), (b). ASCUD-	14s.
is the city of the		stating the underlying couse lost UL TO, OR AS A CONSEQUENCE OF	L. D. C.
quire ohysi ugn urra		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w reing ing ing the better	l <sub>≅</sub>	421	
TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the bur al-transit permit. The please remove carban papers. Pages should be filled with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72 hours after the state Dept.	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIND NGS CO	INSIDERED IN CERTIFYING
A: Ti		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	tem 18.)
oital A for af H	E E	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	,
hass hass is cer ache	ME	21d INTURY OCCURRED 21a PLACE OF INTURY (AT HOME FARM STREET FACTORY) 214 10CATION Street or R.E.D. No.	County State
AG F	1	While Not while of work Office Building, FTC.  OFFICE BUILDING, FTC.  OFFICE BUILDING, FTC.  OFFICE BUILDING, FTC.	12 No. 10 1 1 1 1
d by Affred Store		22a. I <b>certify</b> that (I) (this haspital) attended the deceased fram 10/20, 1961, to 8/6, 19 saw the deceased alive an 5/6, and that in (my) (our) opinion death accurred on the dol causes stated above, (I) (we) (did) (did not) view the body after death.	le and hour and from the
oine Sox: Tree	1		
OR A DR A		22b. SIGNATURE  22c. D  DEGREE PHYS  DIRECTOR   STAFF   22c. D  PHYS.   28c. D	ATE SIGNED
IAL oay bar page		22d. PHYSICIAN'S 22e ADDRESS 22e ADDRESS	10. Md. 21204
SPIT 4 m NERJ Tar, Ild b	L	072 17703357 0114 17	o.Md. 21204
O HOSPITAL OR ATTENDING PHYSICIAL PAGE 4 may be retained by the haspital of FUNERAL DIRECTOR: After this certifica director, page 3 should be detached fail shauld be filled with the State Dept. af He	230	BUR AL (REMATON, REMOVAL (Specify) 8/9/68 230 NAME OF CEMETERY OR (REMATORY Burial 8/9/68 Holy Redeemer Cemetery Belair Road, Ba	(County) (State)
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5	
30M REV. 1 (38	F	rederick D. Miller, Inc 3019 Monument St. DATAUS 1 2 1968 Acher	la Judge
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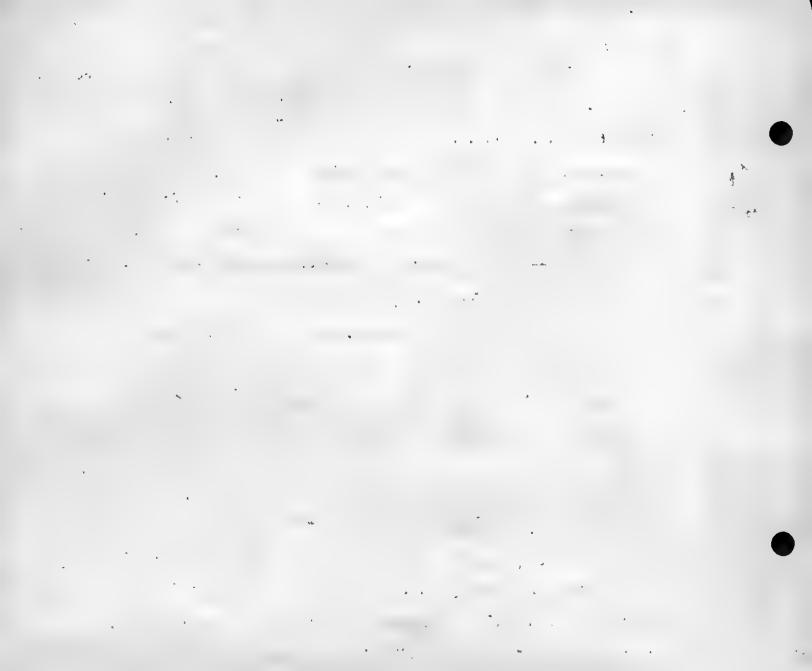


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301.W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11035 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR he law requires that the death certificate be executed within 24 haurs after death (Type or print) Bernhardt Margaret 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Cau. 2-15-1897 completely filled in by 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED Balto. Md. Baltimore WIDOWED | DIVORCED [77] 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Rd during most of working life, even if retired.) **INDUSTRY** Carnev Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY 2900 Cub Hill Road 34 Baltimore Carney 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost John Michel Elizabeth Eurich 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, never unknown) physic nen pl 220-12-96321 Mr Henry Bernhardt 2900 Cub Hill Road 21234 crematian, or remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the burial-transit p Canditians, if any which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SUBMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 16 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY, 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING PEAUSE OF DEATH P.M. (If either, notify medical exominer) 21e PLACE OF INITIRY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. County While Not while at wark 22a. I certify that ( ) this haspital) at ended the deceased from 1968, that if (my) (aur) opinion death accurred on the date and haur and from the causes stated about (1) (we) (add) did for view the bedy after death O FUNERAL DIRECTOR: 226 SIGNATURE PHYS DIRECTOR PHYS 22d. PHYSIC AN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE (County) (State) REMOVAL (Specify) 8-20-1968 Moreland Memorial Cemeter 250 REC'D BY REGISTRAR AUG 2 1 24 FUNERAL DIRECTOR VR A15 (4) Lassahn Funeral Home 7401 Belair Road 21236



MARTLAND STATE-DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before admission) COUNTY m. STATE b. COUNTY MARYLAND Balto. b. CITY OR FOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lutherville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Lutherville d. STREET ADDRESS IS RESIDENCE ON A FARM? 1510 Francke Ave. 1510 Francke Ave. papers. YES NO TO 3. NAME OF DECEASED OF within (Type or print) DEATH 8-22-George Berry 19 68 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | DATE OF BIRTH IF UNDER 24 HRS male Sept. 4, 1907 Months | Devs WIDOWED [ DIVORCED [ 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & Stele, or foreign country) 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) Retired - Law Lutherville, Md. Judge-Circuit Court 14. MOTHER'S MAIDEN NAME attending Then plea Jasper Anther Borry 17. INFORMANTON Leisenring 16. SOCIAL SECURITY NO. (Yas, no, or unkown) [ (If yes giva were redates of service) George Berry. Jr. No 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY. Broncho prenmonia IMMEDIATE CAUSE (a) metastatic Carcinomo DUE TO Conditions, if any, which gava rise to immadiata cause (a), stating the underlying PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 95 CERTIFICATION NO Z 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED : 20s, PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) ă factory, street, office bldg., etc.) Not While DIRECTOR al work at Work p.m. 8-2] \_\_\_\_\_\_\_168..., and that death occurred to A. M. from the causes and on the date stated above. saw the deceased alive on.... 22a SIGNATURE 22b. DATE ATTENDING 8-2251815 HOSPITAL FUNERAL page PHYS. x DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ector, filed \ NAME (Type) Timonium 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) å å REMOVAL (Specify) Baltimore Greenmount Cremation 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE H.W. Jenkins & Sons VR A15 (4): 20M 5-63







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11039 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR and 2 death. executed within 24 hours after death (Type or print) 8:50 PM Albert Joseph Jude BLATTERMAN S. DATE OF BIRTH IF LINDER YEAR RE TONDER 34 HRS 3. SEX 4 RACE 6. AGE (In years HOHES last birthdoy) 2/14/65 Male White 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED TO country) DIVORCED [7] WIDOWED | Maryland U.S.A. Baltimore 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
Rosewood State Hospital during most of working ite, even if retired)

Dependent INDUSTRY Owings Mills none 130 USJA, RESIDENCE (Where deceased lived, if institution, Residence before 1/3c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 136 COUNTY YES 🕝 NO 🗔 227 South High Street Baltimore M.ddle 15. MOTHER'S MAIDEN NAME First 4. FATHER'S NAME First Middle Lost Joseph Blatterman Giovanna Marie Aquia Albert 16b. SOCIAŁ SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service) Rosewood Records, Owings Mills, Maryland none burial, crematian, ar removal 18. CAUSE OF DEATH (Enter only one couse per line for fo), (b), grid (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR/AS A CORSEQUENCE OF Conditions if any, which gave ) signed by the burial-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? YES X NO [ yes 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJJRY OCCURRED City or Town State County While Not while at wark 220. I certify that 0\$ (this hospital) attended the deceosed from 10/21 , 1965 , to 8/11 , 1968 , that (10) (we) last saw the deceosed alive an 7 8/11 1968 , and that in (10) (our) opinion death occurred an the date and haur and from the causes stated above. (2) (we) (cld) (2012) (30) view the bady after death 22b SIGNATURE 22c. DATE SIGNED 8/12/68 DEGREE DIRECTOR PHYS Epsel-a PHYS CIAN S 22e ADDRESS Rosewood St. Hosp., Owings Mills, Md. NAME (Type) Richard A. Jones, M.D. 23a BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (State) PBMDYAL (Specify) Rosewood ( emeteru. Owings Mills. Md. 9 250 RECD BY REGISTRAR
DATE AUG 1 6 24. FUNERAL DIRECTOR F. Eline & Sons Reisterstown,





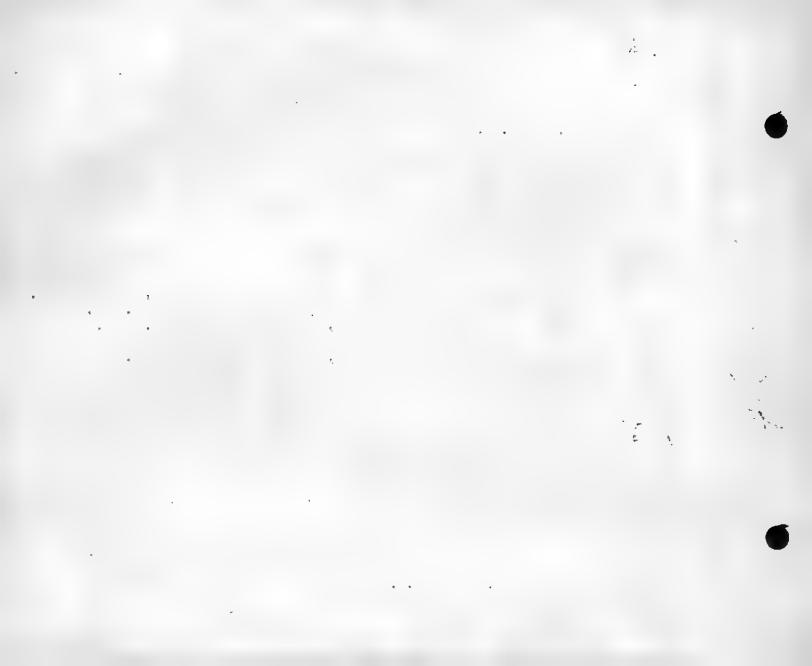
. 1		- * *		S, 301 W. PRESTON STREET, BA		
		11033		CERTIFICATE OF DEATH		11041
E AGE		CEASED NAME First	Middle	Lost	20. DATE OF DEATH	26. HOUR
e (interpolation	L	Jaci		Bloom	O8 Month 27 Doy	08 / 1
hours after death n by the funeral rs. Poges and 2 hours after death	3 SI	x Male	4 RACE White	S. DATE OF BIRTH	6. AGE (In years last birthday) 58 YRS.	IF UNDER 1 YEAR IF JINDER 24 HRS. MONTHS DAYS NOURS M.N.
by the Poges		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8/12/10	9 COUNTY OF DEATH	
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<b>5 PHYSIC</b> the hospil this certi defached e Dept. of	MED	21d Innipy Occupred 21a	PLACE OF INJURY ( AT HOME, FARM, STREET,	FACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
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OR ATTENDING be retained by the IRECTOR: After e 3 should be de		22a. I certify that (1) (th	s naspital) attended the dece	ased from 30-4 (6 , 19 19 <u>68</u> , and that in (my) (aur) one bady after death.	6, 10 AUG >7, 19	68, that (I) (we) last
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VR A15 (4)		FUNERA. DIRECTOR	ADDRI	ESS 250 REC	D BY REGISTRAR 25b. REGISTRAR'S	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 5 Film CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b HOUR DECEASED NAME First after deoth Months (Type or print) : 35 **EDGAR** PAUL BODE Jr UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3 SEX Jnne/14/,//1968 M ale Cau. burial, cremation, or removal, and in any event, within 72 hours 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED XXNEVER MARRIED country) Maryland BALTIMORE U. S. A. WIDOWED [ DIVORCED [ 17 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within INDUSTRY Cement Greater Balto. Med. Center Mechanic gives the during most of working life, even if retired) TOWSON 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY Maryland 147 Church Lane Baltimore Cockevsvill 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First M ddle First Middle Last Bode Miller Annie Paul peter Addres 17 INFORMANT 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, not of unknown) [If yes give war or dates of service) 217-65-5081 Mrs. Gladys M. Bode, Same as 13 APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY RESPIRATORY FAILURE BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF R.L. ATELECTASIS & R HEMIDIAPHRAGM PARALYSIS signed by the buriol-tronsit p Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CARCINOMA OF LUNG & PULMONARY EMPHYSEMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION NO TX CAUSES OF DEATH? YES [TT] 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State County 21d INBURY OCCURRED City or Town While Not while of work 22a. I certify that (t) (this haspital) attended the deceased from and that in (My) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive-on\_ causes stated above, (1) (we) (old) (old not) view the bady after death. 220 DATE SIGNED 8/8/68 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S M.D. G.B.M.C. NAME (Type) GEORGE PIKLER 23d. LOCATION (City or Town) Baltimore, Md. 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23b, DATE 23o. BURIAL CREMATION. Aug. 12, 1968 Poplar Grove Cemetery REMOYAL (Specify) 9 250. RECD BY REGISTRAR AUG 1 2 Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 21204 DATE AUG 30M REV 1/68

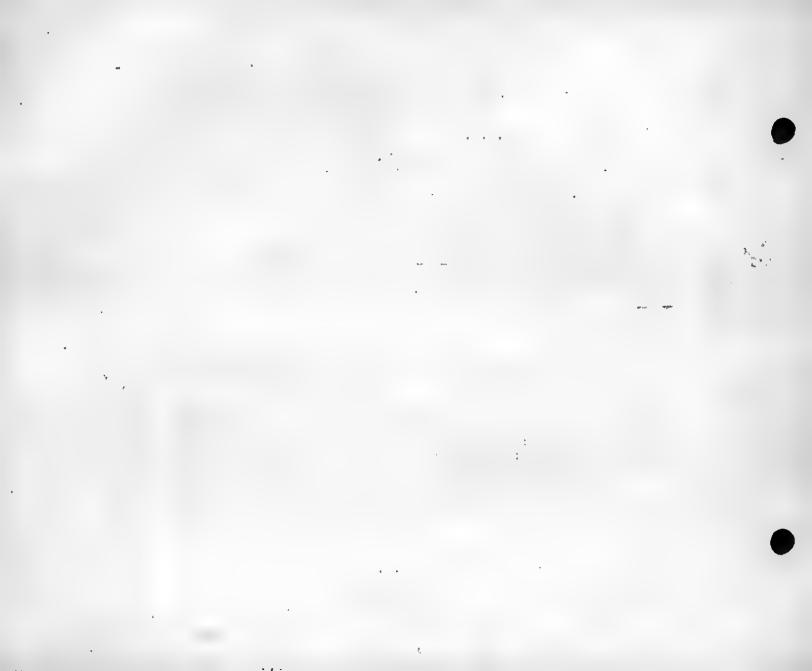


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the fur	3. 51	female	4. RACE white	S. DATE OF BIRTH May 1, 1882	6 AGE (In years last birthdoγ) YRS	IF UNDER 1 YEAR
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executed with	130 odm	USUAL RESIDENCE (Where deceosed ission) STATE Md.	lived, if institution. Residence before Ub. COUNTY Cecil		13e. STREET AND NUMBER	? F. D.
ote be exec	14.	FATHER S NAME First George Ge			First Middle ancy Bolger	Lost
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TO HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then bease permove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 faural tendeath	MEDICAL CERTIFICATION	PART I DEATH WAS CAUSED IMMEDIATE  Conditions, if only, which gove trise to immediate couse (o), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT COND Malnutrition  190 DATE OF OPERATION 196. CO  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORAM (If either, not fy medical examine at work of work of work of work of work of work).	DUE TO, OR AS A CONSEQUENCE OF  (b) Arteriosc  (c) Arteriosc  (c) Arteriosc  (d) Arteriosc  (e) Arteriosc  (e) Arteriosc  (i) OFFICE BUILDING, ETC.  (ii) (we) (did) (dedocate view the	L Infarction, active with PVB, Cardinal With PVB, Cardinal Cardina	lized, Senile.  Lized, Senile.  CONDIT ON GIVEN IN PART 1(\$\foralle{0}\$)  CONDIT ON GIVEN IN PART 1(\$\foralle{0}\$)  CAUSES OF DEATH?  CAUSES OF DEATH?  CITY OF TOWN  CITY	20 years 20 years sentity m secondary considered in Certifying , Item 18)  founty State  968 , that (1) (We) lost date and haur and from the control of the
TO HOS Poge 4 TO FUNI directo	230	RUR AL (REMATION, REMOVAL (Speafy)	17E - 33 - 68 1705 7	CEMETERY ORICHEMATORY LAM	23d LOCATION (City or Town)	(County) (Stote)
VR A15 (4) 30M REV 1/68	24	BAERAL D RECTOR	Marcha Disir	sente DATE	B B G S I S O REGISTRAR	S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH\_DEPT. DECEASED NAME First M.ødle Lost 20. DATE KNOWN TA Month Year 2b HOUR (Type or Print) BOSLEY Sr. ESTI EDGAR MELVIN 0 DEATH MATED 19 68 detoy C F UNDER YEAR IF JINDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE [ n years 2c DATE PRONOUNCED DEAD and Day 24, 1/2.9/03Male White Yeor August 19 68 YRS and 2 with ths State Depo 70 BIRTHPLACE (State or foreign 76 CITEZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Maryland form BALTIMORE WIDOWED | DIVORCED [ U.S.A. II NAME OF MOSPITAL OR INSTITUTION (If not in hospital give street oddress) Phila. Rd ID CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR along with 11 during most of working life, even if retired)
Building Contractor INDUSTRY give street oddress) Essex lede to la doca 130 USUAL RESIDENCE (Where deceased yed, finstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Baltimore odmission) STATE Md. YES NO NO Perry Hall 137 Pepper Hill Road Office ( ofter 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First M ddle Lost Delia Bosley Brown James Emory **Examiner's** 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS pencil executed within (Yes, no, or unknown) 213-12-2150 No Edma C Boslev Same APPROXIMATE INTERVA .⊆ 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH "pending" PART I DEATH WAS CAUSED BY: Shotgun wound of mouth IMMEDIATE CAUSE (n)\_ the Chief Med event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (o). writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = forworded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 S removoi, nsed CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? ica te. YES 🗌 NO X e 210 EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING 1 : 200 HOURS AND MONTH, Doy, Year 5 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should cremation, **EXAMINER:** CAUSE OF DEATH between 1:30 Shot self 8-24 1968 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street of R F D. No.
Campbell's Quarry City or Town County Stote foctory, office building, etc.) AT WORK AT WORK Quarry Philadelphia Road Essex Baltimore Md. 22a. I certify that I tack charge of the remains described above, held an Autopsy [ Inspection X Inquiry and in my apinian Undetermined manner Natural causes Accident Suicide X Hamicide death resulted from please CHIEF MEDICAL EXAMINER 22b. DATE SIGNED **ASSISTANT MEDICAL EXAMINER** FUNERAL DEPUTY MEDICAL EXAMINER Charles S. Springate, August 25, 1968 moy **EXAMINER'S** leolth ADDRESS(Street, city, town, or county) NAME (Type) 50 € 23o BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVA. (Specify) Burial Moreland Memorial Park 8/27/68 Baltimore. Maryland 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Baltimore. Maryland Leonard J Ruck Inc 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



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avia be o		22a I certify that	(A (this has	pital) attended the de n 8/19/ we) (did) (did nat) view	ceased from 19 <u>68</u> , and the bady after c	8/19/ , I that in (my) (aur) leath.	9_68_, ta_ apinian death			(we) las
e 3 sh ed with		22b. SIGNATURE	alli	i	DEGR	EE PHYS	MED DIRECTOR		20/68	
director, page 3 shauld be detached far use as the burial-transit permit. Then pleas shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and		22d PHYSICIAN S NAME (Type) 1	nes Cil	liani, M.D.		22e. ADDRESS 7620 Yo	rk Road	Towson, F	id. 21204	
shauld	230	BURIAL, CREMAT ON, REMOVAL (Specify)	23b. DATE 8 - Q	3 68 15AC	ME OF CEMETERY OR	CREMATORY		ION (City or Town)	(County)	(State)
A15 [4]	24	FUNERAL DIRECTOR	(O.		DRESS		D BY REGISTRAR	2Sb. REGISTRAR S	SIGNATURE	٤.
184	-	110,000 MIN	X	X = 1 1 1 1	1	- 1 mg	0-/		-1	



1	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED-NAME First M.ddle Lost 20 DATE KNOWN Manth Doy Yeor 20 HOU (Type or Print)
dy 15 3 ta Poge	(Type or Print) CLARA / BRENNER DEATH MATED - ang 2 1964 127
delay	SEX A PACE 5 DATE OF RIPTH 16 AGE IN MARKS 16 UNDER 24 HRS 27 DATE DEDALCHMEND DEAD
	F W 9-28-294 73 YRS MONTHS DATS HOURS MIN. Month any Doy 2 Year 19 68 12 P
Pour Park	O. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	Dunty) and SA WIDOWED DIVORCED BY
ages and the feath foots	D. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INST TUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
	A1 give street ordiness) during most of working life even if retired \ \ \text{INDUSTRY}
ter do	30 USJA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY MITS? 13e STREET AND NUMBER
s often 18 Gr along death.	Odmission) STATE MD. 136, COUNTY BALTO ESSEX YES NO - 306 WOOD WARD DR.
hours ond	CONTINUE CON
Office office office	
Z = V	NOHN KANE Wirkinger
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in Ishould be farwarded to the Chief Medical Exominer's files.  3 should be used as o burial-transit permit. File pages and only or removal, and in any event within 72 hours on the contraction.	(Yes no, or unknown) (Tyes give wor or dates of service) 17-01-72978 Unit. To ilson Hast. Records
n pe. Exon Frle	mr. 211-01-12118 m. 10 Moor way records
ed no lile	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  APPROXIMATE MITEVAL BETWEEN ONSET AND DEATH
xecuted nding" in Medical I permit. nt within	PART I DEATH WAS CAUSED BY Broncopneumona 3 da
exe endi Me t pe	DUE TO, OR AS A CONSEQUENCE OF
pe in programme in	Conditions, Lony, which gove (6) Decompensaled arterio Scleratio 3 mo.
ould be executed wir rord "pending" in pe ie Chief Medical Exor ol-transit permit. File any event within 72	rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF Succession of the underlying couse (b).
should be e ne word "per to the Chief I burial-transit	last (r)
te the state of th	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)
firo ing ing idec dec I, o	1421
wall wall	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his certudate, writte farwale farwale be used	19b. CONDITION FOR WHICH OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AUTOPSY?  YES NO
KAMINER: This certificate shows the tender certificate, writing the variety should be farwarded to the four files.  age 3 should be used as a buring stremation, or removal, and in	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
NER: TI certifica hould be iles. should I	PRIMARY OR CONTRIBUTING HOUR A.M.
INE e ce sho sho sho affile after af	CAUSE OF DEATH  19  21d INJURY OCCURRED  21e PLACE OF IN.URY (At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town County State
	white mot white detact, office building, etc.)
bical E ose execu rectar Pa oined for RECTOR: to buriof,	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspect an X, Inquiry , and in my apinia
pleose e la rector retoined. DIRECTION for to bu	death resulted fram. Natural causes 😭 , Accident 🗍 , Suicide 🗍 , Hamicide 🗐 , Undetermined manner 🗍
pleose d rect of rectorne etonic or to be or to	ACTUAL 9 9 S. CANALOS CHIEF MEDICAL EXAMINER 1
prior	SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
EPUTY Ssory, funeral by be NERAL	EXAMINER'S 7 7 7 7 68
TO DEPUTY necessory, the funero 5 may be TO FUNERA Health pr	NAME (Type) D. D. CAPLES. ADDRESS(Street, city, town, or county)
5 c ± 2 5 ± ∨	REMOVAL (Specify) 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
^ (/	BURIAL 1 100 CAR CAWP DALLO. MIL
The state of the s	4 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A15ME (5) \ \ 10M REV 1/68	J. J. CONNELLY SONS 300 MACEDAUG 6 1968 Clearles Judge
V 1.	



10 CITY OR TOWN OF DEATH  TOWSON  11 NAME OF HOSPITAL OR INSTITL TION (If not in hospital guyes precludings) and a programment of work and a guyes precludings and a company of the programment of work in the pro	- 17 /	t .			NO STATE DEPARTMENT OF		
Determination   Property   Determination   Determination   Property   Determination   Determ	116		11042	DIVISION OF VITAL RECORDS			11850
Specific	6		下での単純		CERTIFICATE OF DEATH	•	22000
Second   S		1. 0	CEASED-NAME : First	Middle	Lost	2g. DATE OF OEATH	2b. HOUR
3 SEX    SOUTH OF DEATH		-{1	ype ar print)	9.	Rroemer	Aug Month Day	
TO BRITHE ACE (State or fereign To CRITZEN OF WHAT COUNTRY?   8. MARRIED   SEVER MARRIED   9. COUNTY OF DEATH   12. WINDOWSCO   00/000/EED   12. WINDOWSCO   12. WINDO		3 51					
To STREET AND HIGHER STATE   State or foreign   To CITIZEN OF WHAT COUNTRY?   S. MARRIED   NEVER MARRIED   S. COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTRY   COUNTRY   COUNTY   COUN		3. 3.	1 /			last birthday)	
County   C		2					
10 CITY OR TOWN OF DEATH   13 MAKE OF HOSPITAL OR HISTITICING (If not in hospital)   12 C. USLAD CICERTON (IN our fired of work done)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of inDUSTRY)   13 C. USLAD CICERTON (IN our fired of work of industry)   13 C. USLAD CICERTON (IN our fired of work of industry)   13 C. USLAD CICERTON (IN our fired of work of industry)   13 C. USLAD CICERTON (IN our fired of work of industry)   14 C. USLAD CICERTON (IN our fired of work of industry)   14 C. USLAD CICERTON (IN our fired of work of industry)   15 C. USLAD CICERTON (IN our fired of work of industry)   15 C. USLAD CICERTON (IN our fired of work of industry)   15 C. USLAD CICERTON (IN our fired of work of industry)   15 C. USLAD CICERTON (IN our fired of work of industry)   15 C. USLAD CICERTON (IN our four fired of work of industry)   15 C. USLAD CICERTON (IN our four fired of work of industry)   15 C. USLAD CICERTON (IN our four fired of work of industry)   15 C. USLAD CICERTON (IN our four fired of work of industry)   15 C. USLAD CICERTON (IN our four fired of work of industry)   15 C. USLAD CICERTON (IN ou			(191)				
Specified Conditions   Table   Capture   Specified Conditions   Sp							Md.
TOWN OF   136. STATE (Fifter of decessed lived, if institution? Residence before   136. CITY OR TOWN   136. STATE   136. STATE AND NUMBER   136. STATE   136. S			_		NSTITUTION (If not in hospital 12a, US	UAL OCCUPATION (Kind of work done most of work no life even if retired )	
The part of the course of th			owson		e Manor M Se	C. Ireas.	
FATHER'S NAME   First   Middle   Lost   August	CI			ised lived, if institution Residence before	0		
August Broemer Hermina Boning  1-bd WAS DECEASE PYER IN U.S ARMED FORCES? Yes, no, drunknown) Urts were not ordered a service. 372-05-9355 Paul A. Broemer-2208 Globons Arve. 372-05-9355 Paul Arve. 372-05-9355 Paul Arve. 372-05-9355 Paul Arve. 372-05-9355 Paul	/	UUIN	Mich.	Jab. COUNTI	Detroit YES X-	NO KE	
100 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO. 372-05-9355   17. INFORMANT   17. INFO	1	14	ATHER'S NAME First	Middle Lost			Lost
Yes, no., or unknown   Classes pre-wor or adversed services   372-05-9355   Paul A. Broemer-2208 Gibbons Hive.			Augus	t Broeme	r i	Hermina Boning	
18. CAUSE OF DEATH (Enter only one course per line for left, and and (a))   18. CAUSE OF DEATH WAS CAUSED BY.   18. CAUSE OF CONDITIONS, which govern be to a unmediate course (b).   18. CAUSED BY.   18. CAUSE				MED FORCES? 16b SOCIAL SECURIT			Baltimore
18. CAUSE OF DEATH (Enter only one couse per line for lat) to add (2)   18. APPOINT INTERVAL BETWEEN CHIST MAD CAN'T PART 1 DEATH WAS CAUSED BY.    19		ľ		wor or doles of service) 372-05-9	355   Paul A. Br	oemer-2208 Gibb	ions Ave.
DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR AM. Month Doy Yeor 21d INJURY OR COME BUTING CAUSES OF DEATH?  21d INJURY OCCURRED 12b. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ify ar Town Country Stote of Warm and work 220. I certify that (i) (this hospital) otherwise Bullings, etc.  22d. PLYSICAN 5  NAME (Type)  Charles O'Donnell M.D.  22d. BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 25c. RECOUNTY REGISTRAR 25c. REGISTRAR SIGNATURE 25c. RECOUNTY REGISTRAR 25c. REGISTRAR SIGNATURE 25c. REGISTRAR 25c. REGISTRAR SIGNATURE 25c. RECOUNTY REGISTRAR 25c. REGISTRAR SIGNATURE 25c. REGISTRAR 25c. REGISTRAR SIGNATURE 25c. REGISTRAR 2				nly nne course per line for let and f	W	0	APPROXIMATE INTERVAL
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Conditions, if any, which gave nie to immediate couse (a).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 19b. TIME OF INJURY HOUR A.M. Month Doy Year 19c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herm 18)  21a. INJURY OCCURRED 21a. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herm 18)  21a. INJURY OCCURRED 21a. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Year 19  21a. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21a. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21b. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 1 or Part 1 or Part 2, Herm 18)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Pa			IMMED	1 / 760 / 760	0 310116	2 Cition C	- 10 11/21/1/1
The to immediate couse (a).  Total to immediate couse (a).  Total to immediate couse (b).  Total to immediate couse (c).  PART 2. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  Total to operation in the underlying couse (c).  The part 2. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  The part 2. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  The part 2. OTHER SIGNIFICANT CONOITIONS FOR WHICH OPERATION WAS PERFORMED  The part 2. OTHER SIGNIFICANT CONOITIONS FOR WHICH OPERATION WAS PERFORMED  The part 2. OTHER SIGNIFICANT CONOITIONS FOR WHICH OPERATION WAS PERFORMED  To operation of the part 2. OTHER SIGNIFICANT CONOITION FOR WHICH OPERATION WAS PERFORMED  To operation of the part 2. OTHER SIGNIFICANT CONOITION FOR WHICH OPERATION WAS PERFORMED  To operation of the part 2. OTHER 18.)  The part 3. OTHER SIGNIFICANT CONOITIONS FOR THE PART 1. OTHER 18.)  To operation of the part 3. OTHER 18.)  The part 3. OTHER SIGNIFICANT CONOITION FOR WHICH OPERATION WAS PERFORMED  To operation of the part 1. OTHER 18.)  The part 3. OTHER 18.  The part			Conditions, if any, which mave		100000	- of COVarel	7241
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIOENT WAS UNDERLYING 210. TIME OF INJURY OF INJURY OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  10 or contributing cause of Death HOUR A.M. Month Doy Year P.M. Month			rise to immediate couse (a),	(b) (b)	CIMONEN	-01 0001 7	- jes
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF OPERA				DUE TO, OK AS A CONSEQUENCE O	r-		
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIOENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Month Doy Year 19 P.M. 19  21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 11em 18) HOUR A.M. Month Doy Year 19 P.M. 21b. INDURY OFFICE BUILDING, ETC. FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote of While 10 to work of the deceased drive on 20 J. 19 C. and thot in (my) local opinion death accurred on the date and haur and from the causes stated obave, (f) (ve) lots of the body ofter death.  22c. PHYSICIAN S NAME (Type) Charles O'Donnell M.D. 22e. ADDRESS 7502 York Road  23d BURIAL, (REMATION, 7502 York Road)  23d BURIAL, (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8/6/68 Baltimore, Md. (em. Baltimore, Md. 25b. REGISTRAR S SIGNATURE)  24 FUNERAL DIRECTOR 20b. REGISTRAR 25b. REGISTRAR S SIGNATURE			<del>-</del>	) (c)			
HOUR A.M. Month Doy Year   19   21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19   21f. LOCATION Street or R.F.D. No. (ity ar Town County Stote wark at wark   22o. I certify that (I) (this hospitol) ottended the deceosed from			PART 2. OTHER SIGNIFICANT CO	MOTHORS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(a)	
OR CONTR BUTING   CAUSE OF DEATH   CAUSE OF DEATH   P.M.   19   19   10   10		NO	1 2	CAUDITION FOR ANNAL ABOUT PROVIDEN	- COLONIES AND ALLEGA	Lean in the sufficient to the	Ave. DEDER III CEATERING
HOUR A.M. Month Doy Year   19   21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19   21f. LOCATION Street or R.F.D. No. (ity ar Town County Stote wark at wark   22o. I certify that (I) (this hospitol) ottended the deceosed from	Ü	ICAT	IYO, DATE OF OPERATION IYO	LONDITION FOR WHICH OPERATION WAS I		CALISES OF DEATHS	JASIDERED IN CERTIFTING
OR CONTREBUTING CAUSE OF DEATH   HOUR A.M. Month Doy Year 19   19   (If either, notify medical examiner)   P.M.   19   P.M.   19   21d   INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)   21f, LOCATION Street or R.F.D. No.   City or Town   County   Stote   While   Not while   at work   at w		RIF		ma l			
21d HIJURY OCCURRED While Not while at work at						ter nature of injury in Part 1 or Part 2, 1	tem 18.)
While Not while at work  220. I certify that (I) (this hospitol) ottended the deceased from		EDIC	(If either, notify medical exam		19		
at wark at wark 220. I certify that (I) (this hospitol) ottended the deceosed from 3/19 and that in (my) foot opinion death accurred on the date and haur and from the causes stated obave, (H) (we) (did not) view the body ofter death.  22b SIGNATURE 22d. PHYSICIAN S NAME (Type) Charles OBonnell M.D. 22e. ADDRESS  22d. PHYSICIAN S NAME (Type) Charles OBonnell M.D. 22e. ADDRESS  22d. DATE SIGNATURE 22d. DATE SIGNATURE 23d. LOCATION (City or Town) (County) (State)  AREMOVAL (Spec. Ty) 8/6/68 Baltimore, Md. em. Baltimore, Md.  24 FUNERAL OIRECTOR 25b. REGISTRAR SIGNATURE		×	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. N	io. City ar Town	County State
220. I certify that (I) (this hospitol) ottended the deceosed from saw the deceased alive on saw the deceased from saw the deceased from saw the deceased alive on saw the deceased from the date and haur and from			at wark at work		-/	in of	
causes stated obave, (1) [we] [did] (did not) view the body ofter death.  22b SIGNATURE  22d. PHYSICIAN 5 NAME (Type)  Charles OBonnell  M.D.  22e. ADDRESS  7502 York Road  23d BURIAL, CREMATION, PREMOVAL (Spot.fy)  8/6/68  Baltimore, Md.  24 FUNERAL DIRECTOR  25D. RECID BY REGISTRAR 25b. REGISTRARS SIGNATURE			22o. I certify that (I) (th	his hospitol) ottended the deceo	sed from	CH 10 0/3-19,	68, that (I) (we) lost
22d. PHYSICIAN S NAME (Type)  Charles OBonnell M.D.  22d. NAME OF CEMETERY OR CREMATORY  PEMOVAL (Sportify)  STAFF PHYS.   22c. Date slights  PHYS.   22c. D			saw the deceased o	alive on	19 and that in (my) love o	pinion death accur <b>y</b> ed on the da	te and haur and fram the
22d. PHYSICIAN S NAME (Type)  Charles OBonnell M.D.  22e. ADDRESS  Charles OBonnell M.D.  22e. ADDRESS  7502 York Road  23d BURIAL, (REMATION, / REMOVAL (Specify) 8/6/68  Baltimore, Ma. Cem. Baltimore, Md.  24 FUNERAL OIRECTOR  ADDRESS  25o. REC'D BY REGISTRAR S SIGNATURE				e, (1) (exettors) (did not) view th	e body offer death.	1 00 0	DUTT CICHED
22d. PHYSICIAN S NAME (Type)  Charles OBonnell M.D.  22e. ADDRESS  7502 York Road  23d BURIAL (REMATION,			ZZD SIGNALOKE	Part Gn	ATTENOING ATTENOING	MED. STAFF 22c.	JAIL SIGNED
NAME (Type) Charles OBonnell M.D. 7502 York Road  23d BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  ACCUMAL (Sportsy) 8/6/68 Baltimore, Md. Cem. Baltimore, Md.  24 FUNERAL DIRECTOR 25b. REGISTRAR 3 SIGNATURE			Allane	as I chample	LIEGREE PHYS.	DIRECTOR L PHYS. L	5/1/65
23d BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  LOCATION (City or Town) (County) (State)  Buttimore, Md.  24 FUNERAL OIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE			22d. PHYSICIAN S NAME (Type) C:}	arles OBonnell	M.D. ZZe. ADDRESS	750% York Road	
CREMOVAL (Sportfy) 8/6/68 Baltimore, Md. (em. Baltimore, Md.)  24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE							
24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 5 SIGNATURE		23a	BURIAL, (REMATION, 23b	1 0 4	4 0 0 00	23d LOCATION (City or Town)	
1110 = 1000 Officerity tourist							
Leonard L. Ruck, Inc Baltimore, Md. DATAUS J 1509		24	FUNERAL OIRECTOR		4. ( 1314	The same of the same of	A CONTRACTOR
		1	conard L. Ru	ck, Inc Baltime	ore, Illd. DATIAUI	0 ) 1000	0.0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type or print) Month Carrie KEKK B. Brown 68 3. SEX 4. RACE S. DATE OF BIRTH IF LINCER 1 YEAR 6. AGE (In years IF LINDER 24 HRS last birthday) OAYS build-transit permit. Then please remove carban papers. Page burial, cremation, ar removal, and in any event, within 72 hours a Female W 9/20/88 79 70 BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH fetely filled in U.S.A. DIVORCED [ Balto.Md WIDOWED TR Baltimore 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)

Greater Balto, Med. Center Homemaker INDUSTRY Baltimore 21204 Own Home 13o. JSJAŁ RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 27.27.8 admission) STATE 136. COUNTY YES 😿 Baltimore Hall 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First John Barth Pauline Smith requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) Same 225-12-1263D Mrs APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

[MMEDIATE CAUSE (a)] Widespread metastatic parotid carcinoma 4 months DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 😾 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 7/13 , 19.68 , ta saw the deceased alive an 8/8 1968 , and that in (my) (aur) apinian death acc 8/8 \_\_\_, 19\_68\_, that (I) \_\_\_1968\_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR Now, Ad. DEGREE 8/9/68 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles C. Brown, M.D. 6701 N. Charles Street 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23o. BURIAL CREMATION 23b, DATE (County) (State) REMOVAL (Specify) Aug.12.1968 Blandford Petersburg. Va Burial-Rem 2So. REC'D BY REGISTRAR Sons VR A15 (4) Co. York Road 30M REV. 1/68 Balto





	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	17773 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
HEALTH DERT.	I DECEASED-NAME First Middle Last 2a DATE KNOWN Manth Day Year 2b HOUR
≂ to 8° 💜	(Type or Print) William Broyer OF ESTI DEATH MATED Aug. 6 68, 7:20a,
y detay and 3 PM3 P	Male White S DATE OF BIRTH 1 1/30/8 666 in years of July 1 1/20 DATE PRONOUNCED DEAD Month Aug Day 6 Year 68 8:00
J, 2, crm PN	70 BIRTHPLACE (State or fore gn 70 CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
fo fo	COUNTRY LATERCE MASS. U.S.A. WIDOWED DIVORCED Baltimore Md  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to: 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR
D	Catonsville give street oddress) Nursing Home during most of working the event fretting Conn. Optical Co.
8. Grve olong w with the leath	13a USUAL RESIDENCE (Where deceased I ved, if institution, Residence before 13c (ITY_OR_TOWN, 130 MSDECTY MTS? 3005 Templar Rd. 13b (OUNTY Balto. Randallstown yes) NO Templar Rd.
- ND	
as offer as after	14 FATHER'S MAME First Middle Lost 15 MOTHER'S MA DEN NAME First Holt Middle Lost
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Medical E Medical E permit. F nt within	PART I DEATH WAS CAUSED BY
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· E E	(anditions, if any, which gave) (b) FracTure of Kight Hip 3 WKs
word the Ch nol-tro	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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e used remova	190 DATE OF OPERATION 196 CONDITION OR ACHICH OPERAT ON TOTAL OF ALL PROPERTY OF THE OF REPORTS?
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files 3 should E lotion, or	210 EXTERNAL CAUSE WAS 21b TIME OF NIURY Month, Day, Year 21c HOW INJURY OCCUPRED (Enter payure of injury in Part 1 or Part 2, Item 18) HOUR A.M.
oge 3 shou	- The course of the state of th
oge crem	AT WORK AT WORK AT WORK AT WORK AT WORK BY AT WORK AT
CTOR: P	22a. I certify that I taak charge of the remains described above, held on Autopsy 📋, inspection 📑, inquiry 🔲, and in my apinion
ng o	death resulted from Natural causes
DIR or fo	ACTUAL CHIEF MEDICAL EXAMINER 225_DATESIGNED
RAL D	SIGNATURE PROMISE PROM
5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type)  ADDRESS(Street, city, tawn, ar county)
the funeral 5 may be r <b>TO FUNERAL</b> Health pric	23a BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	REMOVAL(Specify) Buriel Aug. 6,68 Baltimore National Baltimore Md.  24 FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 RECD BY REGISTRAR LZSD RECOVERAGES SIGNATURES.
ME (5) 34	Burill Aug. 6,68 Baltimore National Baltimore Md.  24 FUNERAL DIRECTOR  Loring Byers 8728 Liberty Rd.Randallstown Md.  DATE AUG 9 1968
1,00	21133





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		11047	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIN	NORE, MARYLAND 21201	
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er deat	3. 5	EX /\Z	14 RACE	S. DATE OF BIRTH	6 AGE (n years	- 68 5 A M
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hour in Start		BIRTHPLACE (State or foreign ntry)	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	COUNTY OF DEATH	
	10,-	HTY OR TOWN OF DEATH-	II. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 12a USUAL	OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
etely fille	I	ANCAllslown	grestree address). Co	GEN, HOSD HOU		INDUSTRY
200	13a adm	USUAL RESIDENCE (Where deceases	sed lived, if institution Residence before	DAITO, YES NO		le Aue
and correct removes	14	FATHER'S NAME First	M.ddle Lost Richard Carr	15 MOTHER'S MAIDEN NAME Firs	lce Daniels	Last
ian ian and i	160	MARC APPEARED CHEN IN THE ANA	MED FORCES? 16b. SOCIAL SECURIT	Y NO. 17 INFORMANT	Address	
errificate be physician c pen please iaval, and ii		(es, no, or unknown) (If yes give a	var or dates of service) 218-07-32	201B Eugene R. Buc	kheit 3012 F	erndale Ave.
ne death cer offending p permit. The		IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	by one cause per kne for (g), (b), and (	to Cla Consest:	e West Fai	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
he death offendir permit. ion, ar re	П	1 / IMMEDIA	DUE TO, OR AS A CONSEQUENCE O	F	of the same	
the the ratio	П	Canditians, if any, which gave trise to immediate cause (c) (	(b) arterio	acleratio Card	us Vascular	7 years
equires that the death certificate be execplysician. Signed by the ottending physician and committee burial-transit permit. Then please remaind, cremation, ar remayal, and many		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F	Disease	
g phy: g phy: sign buri		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM.NAL DISEASE OR COL	NDITION GIVEN IN PART 1(a)	
The law ratending attending has been se as the h prior ta	ATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The ratte and se a has	CERTIFICATION	O1 ACCIONAL MISC UMO POLICI		YES NO Z	CAUSES OF DEATH?	
CLAN: oital o rificata d far a	ಶ	21o. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAL  (If either, notify medical exami	HOUR A.M. Manth Day Yes	21c. HOW INJURY OCCURRED (Enter r	nature at injury in Part 1 or Part 2, 1	liem 1B.)
PHYSICIAN: The ne haspital or atte this certificate has etached far use a Dept. of Health pr	MED	21d. INJURY OCCURRED 21e. While Nat while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R F.D. No.	City or Tawn	County Stote
ate de t	1	22a L certify that (1) (th	is hospital) attended the decea	sed from 19	. to 19	, that (I) (we) last
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta		saw the deceased o	live on 3 3 e, (I) (we) (did) (did not) view the	sed from, 19, 19, ond that in (my) (our) apini e body after death.	ion deoth occurred on the do	te ond hour ond from the
OR ATTENIOR DE retained DIRECTOR: #		22b SIGNATURE	7 Santing	DEGREE PHYS DIR	D. STAFF 22c I	DATE SIGNED
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O HC Prage O FU direc	230 R1	DEMONIAL (C E.)		f CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  Baltimore	(County) (State)  Md •
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_	. MARYLAND STATE DEPARTMENT OF HEALTH
13	11049 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
축 <u>-</u> 24	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
er deoth. funeral I ond 2	EDWARD L. BYRD 8/ 5/ 68 0:30PM
s after full figs s litter	3. SEX MALE  A RACE  NEGRO  S DATE OF BIRTH  L/29/13  6. AGE (In yeors   Funder 14 ARS.   Months   Days   Hours   Min    NEGRO  S DATE OF BIRTH  L/29/13  S DATE OF BIRTH  L/29/13
H hour	70 BIRTHPLACE (Stole or foreign 7b CITIZEN OF WHAT COUNTRY?  BATTIMORE, MARYLAND U.S.A.  B. MARRIED THEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED MID.  9. COUNTY OF DEATH  BALTIMORE COUNTY,  Md.
and campletely filled/in by the funeral are remove carbon paters from any event, within 12 hours after deoth	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working fe even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working fe even if retired.)  13 NAME OF HOSPITAL  14 NAME OF HOSPITAL  15 NAME OF HOSPITAL  16 NAME OF HOSPITAL  17 NAME OF HOSPITAL  18 NAME OF HOSPITAL  18 NAME OF HOSPITAL  19 NAME OF HOSPITAL  19 NAME OF HOSPITAL  19 NAME OF HOSPITAL  10 NAME OF HOSPITAL  11 NAME OF HOSPITAL  12 NAME OF HOSPITAL  12 NAME OF HOSPITAL  13 NAME OF HOSPITAL  14 NAME OF HOSPITAL  15 NAME OF HOSPITAL  16 NAME OF HOSPITAL  17 NAME OF HOSPITAL  18 NAME OF HOSPITAL  18 NAME OF HOSPITAL  19 NAME OF HOSPITAL  19 NAME OF HOSPITAL  19 NAME OF HOSPITAL  19 NAME OF HOSPITAL  10 NAME OF HOSPITAL  10 NAME OF HOSPITAL  10 NAME OF HOSPITAL  10 NAME OF HOSPITAL  11 NAME OF HOSPITAL  12 NAME OF HOSPITAL  13 NAME OF HOSPITAL  14 NAME OF HOSPITAL  15 NAME OF HOSPITAL  16 NAME OF HOSPITAL  17 NAME OF HOSPITAL  18 NAME
cuted amplet and any carl	13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATEARYLAND 3b COUNTY BALTIMORE BALTIMORE 13d INSIDE CITY LIMITS 13d INS
and com	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost VIRGINIA HOGAN
Assirios no pleos wal, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) YES, www. II  16b. SOCIAL SECURITY NO 215 07 75 75 CLIN.RECORDS, AVA HOSPITAL, FT HOWARD, MD.
Page 4 may be retained by the hospital or attending physician.  10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death carificate be executed within 2 Page 4 may be retained by the hospital or attending physician.  10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler director, page 3 should be detached for use as the bunal-transit permit. Then please remave carbon pages should be filled with the State Dept of Health prior to bunal, cremotian, or removal, and in any event, within	B CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)   BRONCHOPNEUMONIA
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	220 SHISCULATE GEORGE C/MC ELFATRICK, M.D. 220 ADDRESS OF HOWARD, MARYLAND  230 BURIAL CREMATION, BURIAL CREMATION, BURIAL CREMATORY BALTIMORE, MARYLAND  231 LOCATION (City of Town) (County) (Stote)  BALTIMORE, MARYLAND
VR A15 (4) 30A4 REV. 178	24. FUNERAL DIRECTOR  ADDRESS  MORTEN & DYETTE FUNERAL HAMB 7 1968  1701 E. Laurens St. Baltimore, Md



		44020			SEPAKIMENI UT H		01001		
		11050	DIVISION OF VITAL RECORDS,		ESTON STREET, BALTI ATE OF DEATH	MUKE, MAKTLAND	21201 _	1058	8
	(1		Middle Joseph Pierre, O.:	S.F.	(Cain)			58 <sup>Year</sup>	26. HOUR 4:15pm
	3. SE	Female	4 RACE White		April 8,	1918 6. AGE (	rilesey) YRS. Mon		F UNDER 24 HRS. HOURS MIN
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	10. 0	ITY OR TOWN OF DEATH TOWSON	IT NAME OF HOSPITAL OR IN:	STITUTION (If no Josep	h Hospi Carro	L OCCUPATION (Kind of ost of working likele)	wark done	26 KIND OF BU NDUSTRY	JSINESS OR
	13o odm	USUAL RESIDENCE (Where decease issian) STATE Marylan	d lived, if institution Residence before d 13b COUNTY Baltimore	13c CITY OR Tows	on   3d INSIDE CITY LIN		NUMBER York Rd.	212	04
	14	ATHERS NAME First  Lester Cain	Middle Last	15.	Mother's Maiden name Fe Julia Shar		Middle		Lost
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, na, or unknawn) (Myes give wo	or ar dates of service)	St	FORMANT • Joseph,s H	-	Address Towson,	Md .	
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1	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE		20a. AUTOPSY? YES ▼ NO □	CAUSES OF DEATI			TIFYING
	MEDICAL CE	2\a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  Cause of Death (If either, notify medical examin  21d INJURY OCCURRED  12le.	Carry Carry (at house, face, street, face)  21b Time Of INJURY HOUR A.M. Manth Doy Yeor P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	9	W INJURY OCCURRED (Enter			18.)	Stote
		With a state of the state of th	s haspital) attended the deceasive on August 26	ed_from# 1968_, and body ofter d	ugust 12, 19 thot in (154) (our) opin eath.	68 , to <u>Augus</u> nion death occurred	on the dote o	B, that (and hour or	
And other subtable		2'MAIDIZYHD NCC	ce F. Misanik M.I		22e ADDRESS 7620 Yo	ED. RECTOR D STAFF PHYS.  rk road. To	owson, ře	26-68 1. 2120	04
		BUR AL, CREMATION, 23b C	29/68   Holy 1	Redeame	r Cem.	23d LOCATION (City of Baltimore	Md.	aunty)	(Stote)
- marin	24. I	FUNERAL DIRECTOR eonard J. Ruck,	ine. 5305 Harford		DATE DATE	2 EGISTRA 968 25b	Contract of the	Judy	R.

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5			11054	DIVISION OF VITAL RECORDS,		· ·	E, MARYLAND 21201	1862
			,		CERTIFICATI	E OF DEATH		- 2002
표 _2표			CEASED-NAME First	Middle		Last 2a.	DATE OF DEATH	2b. HOUR
er de de		Į (I	ype or print)  John	Millard	l CI	HALK, Sr.	8 Month 8 Day	68 Yeor 4:45pM
i 775		3. SE		4 RACE		ATE OF BIRTH	6. AGE (In years	FUNDER YEAR IF UNDER 24 HRS.
E 169	1		MALE	Cau		10/15/1892	last birthday) 75 YRS	MONTHS DAYS HOURS MIN.
S A		7o B		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED N		UNTY OF DEATH	
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hin 24 h filled in papers,		10 (	TATALONO	11 NAME OF HOSPITAL OR IN			UPATION (Kind of work done	12b KIND OF BUSINESS OR
	1			give street oddress) Greater Balt	- 36 3	during mast of	arking life, even if retired)	IND JSTRY,
be executed within 24 I			altimore	, Greater Balt	13c CITY OR TOW	M 13d INSIDE CITY LIMITS?	113e STRIFT AND NUMBER	Residential
ted ple ca		aqıını 190	ssian) STATE M	Fived, if institution. Residence before	BAltimor		2005 Osting	+2 12
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e ex and rem n an	, Fa	14. F	ATHER'S NAME First	Middle Cho!		THER'S MAIDEN NAME First	Middle	last .
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Shysician and and and			WAS DECEASED EVER IN U.S. ARME es, na, grunknawn)   (" yas give war	and date of consult		MANT M. CANIK J	Address Address	wint a Aug
the state of the s				216 07 6º	419 Voh	17 TT. CARVIC V	r. 4016 BEAUNI	
THE OFFICE			18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c)	.}			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death ce the attending nsit permit. The			PART 1. DEATH WAS CAUSED IMMEDIAT	BY: E (AUSE (a) Respirato	ry failu	re and cardia	c arrest	
atendi atendi permit.			1621	DUE TO, OR AS A CONSEQUENCE OF			-	
the different parties			Canditions, if any, which gove	(b) Carcinoma	of lune			
hat n. ny ti ans			rise to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF				
Se de la company			last.	(c)				
, physician. signed by the attending burial-transit permit. The			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I(g)	
ING PHYSICIAN: The law requires the by the haspital or attending physician. If the this certificate has been signed by be detached far use as the burial-traiste Dept. af Health priar to burial, cre			11.35					
din the dark		CERTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	REDRMED 2	20o. AUTOPSY?	206, IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
ds l	- ,	FICA	Transfer of oracinion		ill attitude	YES XX NO	CAUSES OF DEATH?	
se had a se	/	ERTI	21a ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	212 HOW IN		re of injury in Part 1 or Port 2, It	ES IR
al cal			OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Doy Year		BOK! SCENKED (EINE! HOLD	2 01 11(p) y 11 1 011 1 01 1 011 2, 11	611C 10.7
SIC Spit Spit errii ed		MEDICAL	(If either, notify medical examine 21d. INJURY OCCURRED 21e P	P.M. 1		NI Ctoret on DED No.	City or Town	County State
epi de la			While Nat while at wark	LACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ZIT. LUCATIC	JN SITER OF K F.D. NO	city of lown	Coolify 21016
te de it de la company de la c			at wark at work		1 7	/10 10 60	4 0/0/ 10/	(O
by be Sta			22a I certify that (I) (this	haspital) attended the deceas	ed fram	112	to8/8/, 19_6	8_, that (I) (we) last
ENI Ple the			rauses stated abave.	ve an 8/8 (I) (we) (did) (did not) view the	bady after deat	h.	deall accorded an the agr	e and nation and irain the
AT Share and a share and a share a sha			22b. SIGNATURE				22c. D	ATE SIGNED
d v 3 3 8 6 c 6 v 6 v 6 v 6 v 6 v 6 v 6 v 6 v 6 v			1 1/1	nel C. Y CLAR	DEGREE	ATTENDING MED. PHYS. DIRECTO	OR PHYS.	8/9/68
v b			22d. PHYSICIAN'S	1 3100		22e ADDRESS		0/7/00
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then proceed remove carbon papers. Dadies shauld be detached far use as the burial-transit permit. Then procedure with the State Dept. at Health priar to burial, cremation, a removal, and in any event, within 72 has saven	y		11 - 64 - 47 \ \	rles C. Brown, M	I.D.	6701 N.	Charles Street	
e 4 UNE	ě.	23 a	BURJAL, CREMATION, 23b. D		CEMETERY OR CREM			(County), (State)
O HOS Page of FUN direct	N.	2.50.	SEMOVAL (Sperify)	-12-68 Som	slan S	worl 1	Cockersvil	Celon I
	43/	24.	FUNERAL DIRECTOR	ADDRESS	0 14 1-	2So. REC'D BY REG	ISTRAR 250 REGISTRARS	GNATURE
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		<u> </u>	100 11	William K.	16 Cect	-AUG I	0 1000	



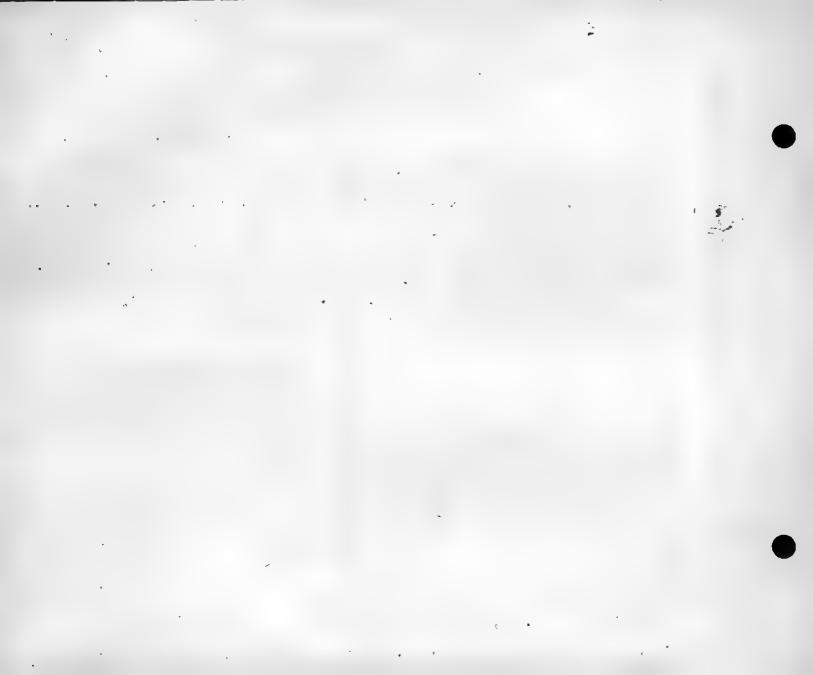
		MARYLAND STATE DEPARTMENT OF HEALTH	
		11955 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1 11063
		CERTIFICATE OF DEATH	TT003
		DECEASED-NAME First Middle Last CHEW 20. DATE OF DEATH	2b. HOUR
		Type or print) Tenney Cornelius Chero Ana.	3/ 68 2 p M
	3. SE	last higher land	IF UNDER 1 YEAR IF JIMDER 4 HRS. MONTHS DAYS HOURS MIN.
		Male Negro 5-15-14 (3) 541	YRS.
		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		M.S. A. WIDOWED DIVORCED BALLETTOPE CO	ma.
		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital  Vit. Wilson  12a USUAL OCCUPATION (Kind of work do during most of working life, even if retire	ane 12b, KIND OF BUSINESS OR INDUSTRY
		IMIL, WILSON State Hosp.	
4	admı	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c STREET AND NUMBER 13b. COUNTY 13c STREET AND NUMBER 13c	, 11
	24 7		tar I boro
	[4]		A CC
	16a	TUYILY Chent Katile  I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Addres	Muttel
	Y	Yes, na, ar unknown) (If yes give war or dottes of service) 2/4-14-39/Becords, Mt. Wilson State H	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	GETWEEK ORISE AND DEATH
		DIE TO OP AS A CONSCINENCE OF	- / / 3 / /
		Canditians, if any, which gave	
		rise to immediate cause (a).  Stating the underlying cause  DUE 10, OR AS A CONSEQUENCE OF	
		last. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	NO		
	CERTIFICATION	CAUSES OF DEATIN	IGS CONSIDERED IN CERTIFYING
	ERTIF	YES NO CAUSES OF DEATHY  210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of minury in Part 1 or Part	0 10-103
	TS I	FLOR CONTRIBUTING FLORES OF DEATH HOUR A.M. Month Doy Year	( 4, 1(8))) 10.j
	G]	[If either, notity medical examiner] P.M. 19 21d INHIBY OCCUPRED 21e PLACE OF INHIBY AT HOME FARM, STREET, FACTORY 1, 214 LOCATION Street or R.F.D. No. City or Town	Caunty State
		While Not while of work of work	24/11 2/4/6
ı		220. I certify that (1) (this haspital) attended the deceased from Des. 20. 19.67, to And, 3/.	19 65, that (I) (we) last
ı		22a. I certify that (I) (this haspital) attended the deceosed from Dec. 20, 19, 67, to Buy, 3/, saw the deceased alive an Aug. 3/, 19 & and that in (my) (our) apinion death accorded on the	e date and hour and from the
		causes stoted obove, (1) (we) (did) (did not) view the body ofter death.	OD. DARE COALED
1		22b. SIGNATURE  DEGREE PHYS.  ATTENDING MED. DIRECTOR PHYS.	22c. DATE SIGNED 8-3/-68
		22d. PHYSICIAN'S 22e. ADDRESS	8-37-00
ļ		NAME (Type) William Newcomer, M.D. Mount Wilson, Marylan	id
)	23 🗸	BURIAL CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY ( 23d LOCATION (City of Town)	(County) (State)
		REMOVAL (Specify) 9-4-68 Lower Mar/bohoncastiower ma	174 4 - O Of 1 104
1]	24.		Carles Cudat
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MARYLAND STATE DEPARTMENT OF HEALTH

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The state of the s		11057	DIVISION OF VITAL RECOKE			11065
	_			CERTIFICATE OF D		
death.	1 DI	CEASED-NAME First ype or print)	Middle	last	2a. DATE OF DEATH	Doy 15 Year 68 2b. HOUR
deat deat		FLOY		Childs		Doy 15 Year 68 M
	3. SE		4. RACE	S. DATE OF BIRT	Late 1 Aug 1 Can	1F UNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
S at		Male	White	7-7-	04 YR	
	7o. E	to de	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRI	9. COUNTY OF DEATH	
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cuted within 24 land in 24 land in 72 land i	I	Randallstown	give street address) C C	Gen Hosp	during most of working life, even if retired	) INDUSTRY
ed v	13a.	7 3 65455	ed lived, if institution. Residence bef	ore 13c CITY OR TOWN 13	de INSIDE CITY LIMITS? 13e STREET AND NUMBER	
to go of a	aam	ssian) STATE Md.	13b. COUNTY Balto	Balto	YED NOW B731 Milfo	rd Mill Rd.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral et 3 should be detached for use as the burial-transit permit. Then please prove carban paper. Pares frond ed with the State Ept. of Health priar to burial, crematian, or removal, and in any event, within 72 tours after death	14	ATHER'S NAME First	Middle Las	1 IS. MOTHER S MAIC	DEN NAME First Middle	Lost
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an cod	160.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECUR		Address	10022
equires that the death certificate I physician. signed by the attending physicial burial-transit permit. Then please burial, crematian, or removal, and	Y	es, na, ar unknawn) (# yes give w	var or dates at service)	Balto C	o Gen hosp Randal	lstown Md.
Gerd Feer of Feer of F		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	(0)		APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
# igi		PART I. DEATH WAS CAUSED	ly one couse per line far (a), (b), and D BY ATE CAUSE (a)	El Carcinoma	~ motoster toli	SCIWICH UNXI AND ULATH
dec n, o, n		1671	DUE TO, OR AS A CONSEQUENCE	_	Crief of a contr	
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nat V. III. Insi		rise to immediate couse (a), (	DUE TO, OR AS A CONSEQUENCE	O.		
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nire mysi gne gne irial	H		(c)	T NOT DELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN PART 1(a)	
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das b	CFRT FICATION	8/10/67 6	I Kemorrhage 2		CAUSES OF DEATH?	
a se	FR.	21g ACCIDENT WAS UNDERLYIN			RRED (Enter nature of injury in Port 1 or Part	
AN al cal		□ OR CONTRIBUTING □ CAUSE OF GEAT	H HOUR A.M. Month Day Y	ear ZIC. NOW INJUKT OCCU	KKED (Enter nature of injury in Port 1 or Part	Z, Hemi 16.)
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate je 3 should be detached far u jed with the State Eept. of Heal	MEDICAL	(If either, natify medical examin	ner) P.M.	19		
ho ho lept lept		21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME FARM, STREE OFFICE BUILDING, ETC.	21t. LOCATION Street	or R.F.D. No. City or Town	County Stote
te de la transfera		of work of wark				
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R: /		causes stated above	e. (I) (we) (did) (did not) view t	he body ofter deoth.	, 19 GG , to ffreq /S , ) (aur) opinian death occufred an the	date and novi and from the
TA SI	ı	22b. SIGNATURE	// /		2	C DATE SIGNED
IRE dw		1	Left Dung	DEGREE PHYS	MED. STAFF PHYS.	8/10/68.
V b b		22d PHYSICIAN'S 1	5	22e. ADDRE		3/13/30
RA PIT		NAME (Type)	SOLOMON	30	600 LOCHEARN	MR.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Ept. of Health priar to	230	BUR AL, CREMATION, 23b I		OF CEMETERY OR CREMATORY		(County) (State)
Pag Aire			ig. 19,68 Wood	lawn Cemetery	23d. LOCATION (City or Town) Woodlawn Mary	land
		FUNERAL DIRECTOR	ADDI		250 REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
30M REV 100	L	ring Byers 872	28 Liberty Road M	d. 21133	DATE AUG 19 1968 20	liantes Indee
Let 1		3 0	-			





. 1		MAKTLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1067
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month Do	ay Year 25 HOUR
20 d (2)		EDWARD G. CLINGMAN DEATH MATED X UNK	19 UNKM
	3 \$1		year 24 HOUR 5:15
iny delay 2, and 3 PM3. Pag partment		male white Sept 28 96 7 1983 MONTHS DAYS MOURS MIN Month August 19	Year 1968 p. M
ny de 1, 2, and rm PM3 Departn	7o ไ	BIRTHP ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
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after death Give Pages 1, clong with form with the State Deleath	10. €		PL KIND OF BUSINESS OR IDUSTRY
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s afte 18. Gr alon with death		USUAL RESIDENCE (Where deceased fived, if institut an Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18. 18. 18. 2 w 2 def		Trypland 13b fourtimore Towson YES NO X 301 Bosley Aver	nue
24 havrs in Item 18 o'Kice o'K	14 F	ATHER'S NAME First Middle Last 15 MOTHER'S MA DEN NAME First Middle	Lost
2 年 2 5 ·	2.9	George Clingman Laura Delker	
.= = <b>1</b>	16a '	WAS DECEASED EVER N.L. S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS BAIL imore	» Md
within pencil xamire ile pag	- 11	Yes W.W.I# 214 20 7264 Roland C. Clingman, 1905 Forest	
ed win Jin Jin Jin Jin Zinin Z		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
be executed "pending" in nief Medical Earsit permit. 4		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (g) Arteriosclerotic Cardiovascular Disease	
exe exe Me Me t pe		17 / X T DUE TO, OR AS A CONSEQUENCE OF	
"pe hief ansi		Conditions, if only, which gove rise to Immediate cause (o), (b)	
ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "pen ra the Chief A burral-transit f in any even		kost (c)	
This certificate should be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Example to be used as a burial-transit permit. File pages remayal, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
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(AMINER: te the certi je 4 should rour files. age 3 shau' cremation,	×	France office for the Market was A	County State
DICAL EXAMINER: se execute the certification. Page 4 should ned for your files. ECTOR: Page 3 should buried, cremation,		WHILE NOT WHILE TOTTOTY, OTHER BUHNING, BTC.)	
ICAL E executor. Pa for Crok: burial,		22a. 1 certify that I took charge of the remains described above, held an Autopsy 🗓, inspection 📋, Inquiry 📋,	and in my apinian
by By		death resulted from: Natural causes 🗓 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	]
please e I director retained L DIRECT		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER X 226. DATE SIG	
Sary Sary Une ly by by LER		KARIIIKA WAYNAY II SDIKZ M II	8/20/68
ro beputy Sic necessary, please of the funeral directo 5 may be retained for UNERAL DIRECT Hearth priar to bu		NAME (1996)	
5 g = ~ 5 = "	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (Stote)
	-	Burial Aug. 22,1968 Dulaney Valley Cockeysyille, Md.	
AB ATENE IS	24	FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR 5 SIG	
VR A15ME [5] 1		Wm. Cook-Brooks Towson, Towson, Md. DATE AUG 2 1 1968 yellow	May Judge.

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				STATE DEPARTMENT O		
1		44000	DIVISION OF VITAL RECORDS, 3	DI W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	11068
7 -		11960	CE	RTIFICATE OF DEAT	H	77009
E NA	1 D	ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR <sup>*1</sup>
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by Pa	70	BIRTHPLACE (State or foreign		MARRIED   NEVER MARRIED	9. COUNTY OF DEATH	
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he death certific attending phys permit. Then p ian, or remaval		IB. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).)		1.4	GETWEEN ONSET AND DEATH
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dw ndin beel ar t	NO.	7 247	ONDITION FOR WHICH OPERATION WAS PERF	ORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
AN: The law rall ar attending cate has been for use as the Health priar to	CERTIFICATION	non			CAUSES OF DEATH?	
Ar. T ar us ealt		21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
C C C C C C C C C C C C C C C C C C C	MEDICAL	OR CONTR BUTING CAUSE OF DEATH				
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon-paper should be filed with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72	MEI			21f. LOCATION Street or R.F.C	). No. City ar Town	County State
IDING I by th After i be d	1	22a Leastify that (1) (this	haspital) attended the deceased	from 1/6	19.65, to 8/30, 19	2_18, that (I) (we) last
TENDI ined b OR: Af buld b	1	saw the deceased ali causes stated above,	ve on	dy after death.	opinian death accurred on the d	ate and haur and from the
retor AI with with	П	22b. SIGNATURE	- Pelmi - 1	ATTENDING M	MED. STAFF C	DATE SIGNED
be reported willed w		Marine 1.	WWII WATA	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	0/80/00
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FUN FUN	230	BUR AL, CREMATION, 23b D.	1 . 1	METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
2 2 5 4	L			CATHEDRAL	BALTIMORE	
VR A15 (4) 30M REV. 1768	14	FUNERAL DIRECTOR & S	TON 805 N. CALVI	TRY STREAT	4000 011	S SIGNATURE
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DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 11069 CERTIFICATE OF DEATH 1 DECEASED NAME Middle Last 2a DATE OF DEATH ond 2 deoth. execused within 24 hours after death. (Type or pnnt) Month William COLWELL Louis August 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years F JINDER 1 YEAR last birthday January 13, 1904 White Male Za. BIRTHPLACE (State or fare on 7b. CITIZEN OF WHAT COUNTRY? etely filled in by 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED signed by the attending physician and conficiely filled in the burial-transit permit. Then please temake carbon papers, burial, cremation, or removal, and in ony event, within 17th h country) WIDOWED [7] DIVORCED [ Baltimore. Maryland U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired ) Towson give street oddress)
ST. JOSEPH HOSPITAL

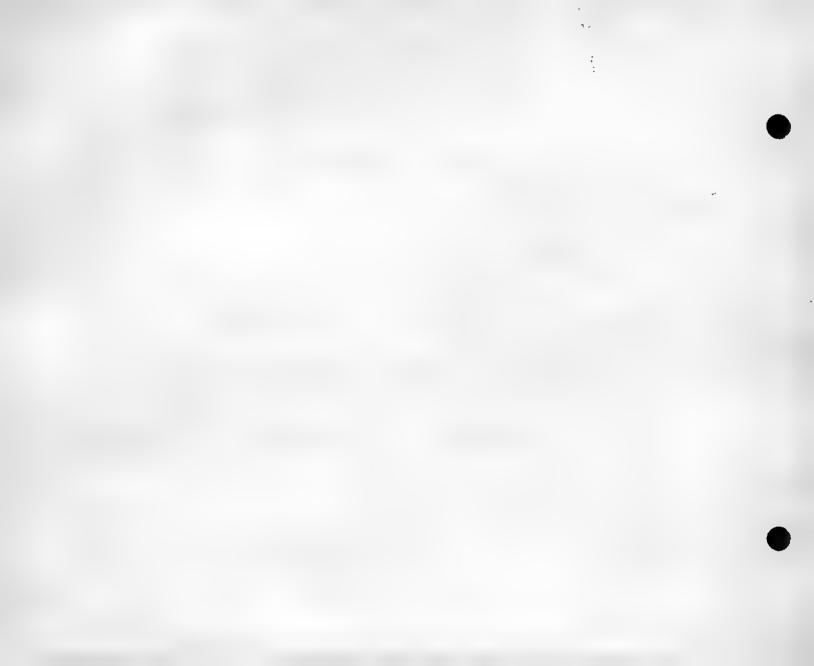
13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS<sup>5</sup> odmission) STATE Baltimere Baltimore 3917 Wilkey Ave. 14. FATHER'S NAME First Middle Lost ITS MOTHER'S MAIDEN NAME First Pictard (. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no grunknown) | (If yes give war or dates al service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) Sarah 5. 213-10-4820 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of lungs with metastasis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1000 A 19o. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🚘 be retained by the hospital ar 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 1216 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (K (this hospital) attended the deceased from July 19., 19.68, to August 1., 19.68, that (K (we) lost saw the deceased alive an August 1., 19.68, and that in (my) (aur) apinion death accurred an the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 8/1/68 22b. SIGNATURE MED.
DIRECTOR DEGREE 22e ADDRESS 22d. PHYSICIAN'S Beatriz P. Dizon, M.D. NAME (Type) 7620 York Rd., Baltimore, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL CREMATION, (County) REMOVAL (Specify) Rolling Cereteri Ballipare wydari RAR | 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) AUG 6 1968 30M REV 1XAR iller Inc- 415 Roleis 21 -21295

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR D DECEASED NAME Middle Lost 20 DATE OF DEATH Month 8 (Type or print) JOHN COMES THOMAS 3 SEX 4 RACE S. DATE OF BIRTH F JHOER 1 YEAR 6. AGE (In years lost birthorpy) 01/03/04 CAUCAS IAN MALE 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED (OUNTRY) Maryland BALTIMORE USA WIDOWED [ DIVORCED [7] burial-tronsit permit. Then please remove corbon pay burial, cremation, or removal, ond in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito) 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR Center Wilder give street oddress) timore Medical INDUSTRY Towson. f-employ 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed Maryland 13b COUNTY BAltimore NO T 4642 Ridge Road Balto. 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Mary Chetelat John A. Comes physician ( ien please 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, or unknown) 212-40-5941 Rose M. Comes 4642 Ridge Road APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND CEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) RESPIRATORY FAILURE & CARDIAC ARREST 16041 DUE TO, OR AS A CONSEQUENCE OF CA OF LUNG WITH METASTIS Conditions, if any, which gove ) nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PARLAYSIS OF LEFT SIDE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? detoched for use of the Dept of Health p YES 🖂 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. OFFICE BUILDING, ETC. director, page 3 should be detache should be filed with the State Dept 21d. INJURY OCCURRED 21a. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram. 6/27, 19 68, to 8/46, 1968, that (1) (we) last 1968, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an 8/06 causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR Dri DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 6701 NORTH CHARLES BALT, MD NAME (TYPEDR. MESHKIMPOUR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE (Stote) 23g BURIAL, CREMATION, REMOVAL (Specify) 8/9/68 St. Joseph Cem. Balto. 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 DATE Lassahn Funeral Home 7/101 Belair Road







MARYLAND STATE DEPARTMENT OF HEALTH



The state of the s	MAKYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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deoth Poges 4 with form	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, Kind of Business or
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INER e cer shou files. 3 sho	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P M 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street), 21f LOCATION Street or R F D No City or Town County Stote
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L EX cecut Pog for y R: Pc ial, c	22a   certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquity   and in my opinion
<b>4</b> 6 2 1 <b>2</b> 5	death resulted fram: Natural causes 2, Accident , Suicide , Hamicide , Undetermined manner
pleose education director retained	CHIEF MEDICAL EXAMINER
AL I	SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED 37-68
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TO DEPUTY DIGGET OF THE funero directo 5 may be retained TO FUNERAL DIRECTO Health prior to b	NAME (Type) / SOITAN C. 1ty/e ADDRESS (Street, city, town, or county) 7537 Addlan O'ZL
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MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 26. HOUR (Type or print) Month R. Cooksey Paul ban papers. Pages i within 72 haurs after 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years CHIDER I YEAR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Male lost birthday) MONTHS DAYS White 2/18/1910 in by 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Baltimore USA WIDOWED | DIVORCED | completely filled in 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Towson Joseph Hodbital 130 JSUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN .3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Lutherville NO Y 8709 Valleyfield Rd YES 🖂 14. FATHER S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Marian Lemuel Cooksev 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na. ar unknown) burial, cremation, ar remaval, 8709 Valleyfield Rd Mrs. R. Paul Cooksev 18. CAUSE OF DEATH (Enter only one couse per line fot,(o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave DUE TO, OR AS A CONSEQUENCE OF burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the re Dept. of Health prior ta TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 📝 YES 🗀 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) director, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work retained 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22<sub>B</sub>. ADDRESS 1.16.0 / 0.2K 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCAT ON (City or Town) 230 BURIAL CREMATION, (County) (State) REMOVAL (Specify) 8/10/1968 Woodlawn Cent. Woodlawn Md. 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE DATE AUG 12 Mitchell Wiedefeld Home 6500 YOrk Rd. 1968



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OR AT DIRECTO		22b. SIGNATURE	Varni	a m-D	DEGREE		ED STAFF STAFF PHYS	22c. DATE SIGNED 8/12/68
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30M REV (1) OF	Ši	FUNERAL DIRECTOR Sole ingleton Fune:	ral Home/G	len Burn	ie,Md.	DATE AUG	1 3 1968	larles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -107x CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2n. DATE OF CEATH 2b. HOUR (Type or print) gove cárbón papers. Pages Thy event, within 72 hours after 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNCER 24 HRS last birthday) MONTHS DAYS HOURS executed within 24 hmurs 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9 COUNTY OF DEATH filled in by country) DIVORCED [ WIDOWED 5 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CONVALESENCE during reast of working life, even if retired.) INDUSTRY 130 SUAL RESIDENCE (Where deceased lived, if institution: Residence byfore 13e STREET AND NUMBER 13b. COUNTY YES X 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be signed by the ottending physician ch burial-tronsit permit Then pleose it burial, cremation, or removol, ond in WINDA 16b. SOCIAL SECURITY NO Address Yes, na, as unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [ TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS-UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING AUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23h DATE (County REMOVAL (Specify) CMOUR VR A15 (4) 30M REV, 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



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	7o B	IRTHPLACE (State or foreign try)	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIE DIVORCE	PIG.	nty of DEATH	17.50	Md.
	10 (	TY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS et oddress) St. Josep	h Hospi	n haspital	12a USUAL OCCU during most of w	IPATION (Kind of work vorking life, even if reti	done 12b K ired.) INDUS	(IND OF BUSINESS OR
۸ ا	130	USUAL RESIDENCE (Where deceas ision) STATE LTVL and	ed lived, if institution: 13b. COUNTY	Residence before	13c. CITY OF TO Baltin	)WN 13d	INSIDE CITY LIMITS?	13e. STREET AND NUMB		•
		ATHERS NAME First Peter	Middle	Lost Courtali	.5	MOTHER'S MAID	EN NAME First	Mid	dle	Conits
Ī		WAS DECEASED EVER IN U.S. ARM	IED FOR(ES? er or dates of service)	6 SOCIAL SECURITY N		ORMANT ETER (	COURTALI	s 4906 B	1	d Ave.
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE! IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT CON	DBY.  TE CAUSE (a)  DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	mmaturit	7	HE TERMINAL D	ISEASE ORCONDITIO	ON GIVEN IN PART I(a)	96	APPROXIMATE HYTEVAL ETWEEN ONSET AND DEATH
,   	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH	OPERATION WAS PER	RFORMED	20o. AUTOPSY	r? NO [ <b>3</b> ]	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERE	D IN CERTIFYING
	<b>™</b>	2To. ACCIDENT WAS UNDERLYIN  DESCONTRIBUTING CAUSE OF OFAT  (If either, notify medical examinated in Surry Occurred 21e.	HOUR A.M. I	Month Day Yeor 19			RED (Enter noture	of injury in Port 1 or F	Part 2, Item 18.)	
		22a. I certify that (the saw the deceased a causes stated above	PLACE OF INJURY (AT OF INJURY) s haspital) aftendine an 8/22 s, (I) (we) (did) (di	ded the decease	d from_8,	/2] /				, that (M) (we) last hour and fram the
		22b. SIGNATURE	e 1	Agni	DEGREE	22e ADDRES	MED. DIRECTOR		22c DATE SIG 8/22/	68
1	23 a	BURIAL, CREMATION, 23b	Aguto, M.	D. 23c. NAME OF	CEMETERY OR CE		23d.	., Towson,	n) (Count	ly) (Stote)
XΙ		REMOVAL (Specify) & FUNERAL DIRECTOR	-23-68	CREE	KOR	THOD DY	So. REC'D BY REGIS	STRAR 256 REGIS	TRAR'S SIGNATU	IRE
	N	ichalas T. MA-	TTHEWS ?	3021 FAST	ERY H	P. D	DATE AUG 2	K IJbb &	Marie	o andre







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1		11972		CERTIFICATE OF DEATH	A.	1085
± −2,€		CEASED-NAME First	Middle	Lost	2o. DATE OF DEATH Month Dov	26. HOUR
e e e		Ype or print) Caro		Dashiell	August 31.	1968 9:154
<b>a E (4.7)</b>	3 26		4. RACE	5. DATE OF BIRTH August 21, 1	4 1100 (11 )0010	UNDER : YEAR IE UNDER 24 HRS NTHS DAYS HOURS MIN.
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hau hau pres	cour	BIRTHPLACE (Stote or foreign its) Karyland	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Baltimore, 21204	
Iled Sape	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12e USUA	OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
withir within		Towson	give street address)	oh Hospital	st of working life, even if retired.)	SECURL SECURLARY
executed within 24 haurs after death, at completely filled in by the tuneral amave carbon papers. Page and 2 any event, within 72 hour exect death.	13o adm	USDAL RESIDENCE (Where deceased seen) STATE THATE	lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY LIN		
in any		ATHER'S NAME First  DR. Hanvis	Middle Last	IS MOTHER'S MAIDEN NAME FI	rst H. Hay)180	Last
tificate hysician please val, and		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? or dates of service)  212-50-5		Address Wes	thington ME.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please Termave carban pages: should be filled with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72		PART I DEATH WAS CAUSED	t (AUSt (a)	Tuberculous ing meningoencephal	itis	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
if the of the affi		Conditions, if any, which gove the rise to immediate course (a),	(b) Mycobac	terium tuberculos	is	
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The lay attending the se as the prior	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	REORMED 200. AUTOPSY?  YES X NO	20b IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	SIDERED IN CERTIFYING
CIAN: Ital or ificate far us	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OFATH (If either, notify medical exomine	HOUR A.M. Month Day Year	,	noture of injury in Port 1 or Part 2, Iter	n 18.)
JING PHYSICIAN: The law requires the by the haspital or attending physician. Ifter this certificate has been signed by be detached for use as the burial-transtate Dept. of Health prior ta burial, cre-	MEC	21 d. INJURY OCCURRED 21e P While Nat while at work	LACE OF INJURY (AT HOME, FARM, STREET, EAR GEFICE BUILDING, ETC.	JORY.) 21f. LOCATION Street or R.F.D No.	•	County State
rending ned by the After wild be the Stat		22a. I certify that (X) (this saw the deceased alicauses stated abave,	haspital) attended the decease ve an 8-31-1 (I) (we) (did) (did nat) view the	ed fram <u>8-13</u> , 1968 9_68 and that in (my) (our) apir bady after death.	3, ta <u>8=31</u> , 19 <u>68</u> nian death accurred on the date	3, that (I) (we) last and have and from the
SPITAL OR ATTEND 4 may be retained 4 may be retained 4 may be retained 4 may be retained our, page 3 should id be filed with the		22b. SIGNATURE LC	elian	DEGREE PHYS DI	ED. STAFF Z 22c. DA	re signed -31-68
TO HOSPITAL Page 4 may TO FUNERAL I director, pmg shauld be fill		22d. PHYSICIAN'S NAME (Type) Ines C	illiani, M.D.	22e. ADDRESS 7620 York	Road, Towson, Md	. 21204
TO HOY Page TO FUN direct		02((1)(001)	17E 9-3-68 Dulane			(State)
30M REV 100	24.	FUNERAL DIRECTOR BYERS	-87.25 Liberty No	Mandallston 250 RECD BY	registrar 25b. registrar's sign 4 1968	SNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH	
1:/		1 1 7 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11000
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11086
HEAK H DEPT		PECEASED-NAME First M.ddie Lost Zo DATE KNOWN Month	Doy Yeor 2b ∺OUR
	(	Type or Print)	19 1968 6:PM
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le p	7o	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED AMEVER MARRIED 9 COUNTY OF DEATH	
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ath th 1 Stat	10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
wi wi		ESSEX give street gadress) FASTERN AVE during most of working life, even if retired)	INDJSTRY
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Item 18. Gi Office dian I and 2 with	14. F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		WILLIAM DAVIS MARGARET WING	ROVE
mine s pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
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INER: ne cert shaul files. 3 shan natian	AEC .	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Research	County State
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L EXAL recute Page Page for you OR: Page	1	22a. I certify that I took charge of the remains described above, held an Autopsy I Inspection I Inquiry	and in my goinian
CAL exe d for		death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner	A
please ey director.			
Ty please y, please refain the priar ta	1	ACTUAL CHIEF MEDICAL EXAMINER CONTROL 226 DATE	sighten 1
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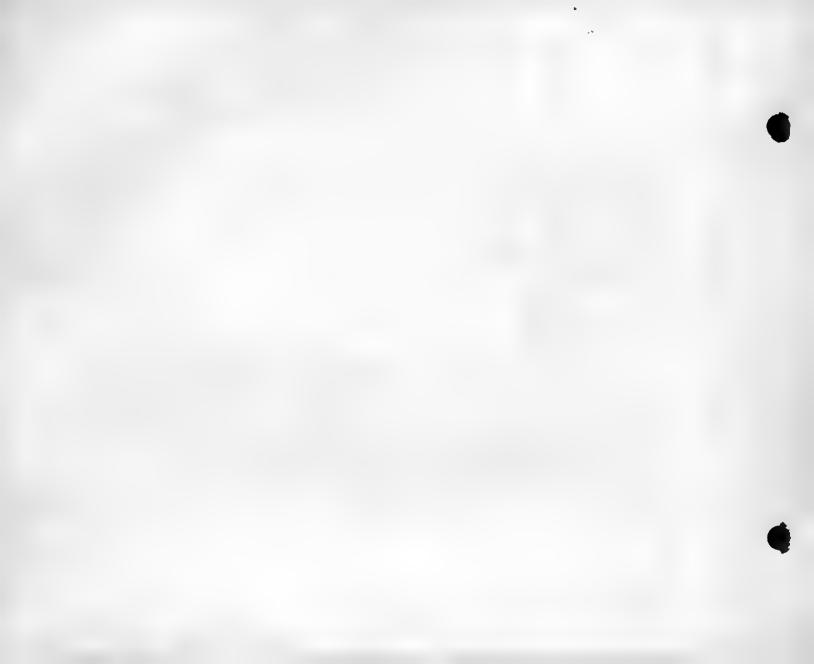




MAKYLAND SIAIE DEPAKIMENI OF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11080 CERTIFICATE OF DEATH DECEASED NAME Last First Middle 2g, DATE OF DEATH executed within 24 hours after deoth. (Type or print) Month Dellape John Sr. 1968 3. SEX 4 RACE S DATE OF BIRTH 6 AGE fin years SELINDER I YEAR IF UNDER 24 HRS son papers. Pages 1 within 72 hours after completely filled in by the love carbon papers. Pages last birthday) MONTHS ! QAYS HOLIES September 25,1893 White Male 9. COUNTY OF DEATH 7g BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED country) Baltimore, U.S.A. Italy WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) SEPH during most of working life even if retired.) INDUSTRY Retired Construction Worker move corbon Towson HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER dmission) STATE 136. COUNTY Baltimore YES T NO T 4500 Harcourt Rd. 27 27 4 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Last Middle Last requires that the death certificate be Michael Dellape Resa Russe eose 16b. SOCIAL SECURITY NO 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no, or unknown) 213-01-2659 Mrs Mary Dellape Same or remova APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Terminal carcinoma of lungs burial, cremotion, 1621 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditions, if any, which gave t rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l TO FUNERAL DIRECTOR: After this certificate has been the 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 00 CAUSES OF DEATH? YES [ NO 🖅 detached for use te Dept. of Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while of work 22a. I certify that 1) (this hospital) attended the deceased from 8/18/ , 19 68, to 8/20/ , 19 68, that (%) (we) last saw the deceased alive an 8/20/ 19 68, and that in (my) (our) apinian death accurred on the date and hour and from the should couses stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 8/20/68 DEGREE director, page should be filed Luis E. Renjel. M.D. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7620 York Rd., Towson, Md. 21204 23d LOCATION (City or Town) BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURISI (Spec fy) Baltimore, Maryland 8/24/68 Hely Redeemer **FUNERAL DIRECTOR** VR A15 (4) 30M REV. 1/68-Leenard J Ruck Inc. Baltimore, Maryland



	t .	MAKTLAND STATE DEPARTMENT OF HEALTH	
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ertificate b physician en please aval, and i		WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT . Address Ves and or or dots of service)	1 01
Phy en ava		(es, no) or unknown) (1 yes give wor or doles of service) 212-32-2970 ChrisTina Diener 467 Kensi	
e E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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fical call		OR CONTRIBLITING CAUSE OF DEATH HOUR A.M. Month Day Year	eiii 10.j
rspir rspir renti red t. af	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. No. City at Town	County State
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate is 3 shauld be detached far u ed with the State Dept. af Heal		While Not while OFF.CE BUILDING, ETC	
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May RAI Po po po po fine fine fine fine fine fine fine fine	ш	122d. PHYSICIAN'S NAME (Type) 122e ADDRESS 1	1
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H & E in a sk	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL (Specify)   8/28/68 Lorraine Cemetery Woodlawn M	(County) (State)
	24	FUNERAL DIRECTOR ADDRESS 250, RECID BY REGISTRAR 256, REGISTRAR'S S	ar V/and
VR A15 (4) 30M REV 1/68	1		Mas Cudas



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.82
HEALTH DEPT	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Dov	Yeor 2b. HOUI
.≈ ₽ 8 ( <b>%</b> )		12 1968
ny deloy is 2, and 3 to PM3. Poge	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years Funder 24 HRS 20 DATE PRONOUNCED DEAD 10 27-88 7 YRS MONTHS DAYS HOURS MIN MORPH LE DOY 2	Year 19/8 4 2 4
L, 2, m	70 BIRTHPLACE (Stote or foreign   7b. CHT ZEN OF WHAT COUNTRY?   8 MARRIED   9 COUNTY OF DEATH   9 COUNTY	
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24 hours in Item 15 Office 15 Jand 2 15 Offer d	14 FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Frank D. Dorman Belle Waterson	Lost
within 24 pencil in kaminer's kaminer's lie pages 72 hours	16o. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no of Jinknown)  (If yes give war or doles of sarvice)  17. INFORMANT  L. Gerald Ettlemyer, Tarrytown, N	ew York
	18 CAUSE OF DEATH (Enter only one couse per ly for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). PULMC NAPI EMBOLISM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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EXAMINER: tute the certing age 4 should ryour files. Page 3 should tremation,	21d JULY OCCURRED 21e PLACE OF INJURY (At home form, street white an work of the building, etc) 1700 MERICAGE DE BATTMIRE.	ounty State MD.
CAL EXECU- execu- or. Pag- d for y TON: P	220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry death resulted from: Notural causes Accident Suicide Homicide Undetermined manner	ond in my opinio
d Se	CHIEF MEDICAL CALAMATE	
	SIGNATURE NULLARE SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	IED / 8
TO DEPUTY  Eccessory, is the funeral 5 may be r TO FUNERAL Health price	EXAMINER'S NAME (Type) WILLIAM A. PILLSBURY ADDRESS(Street, of Howst Statistics	-60
0 = = ~ 0 ±	230 BUR AL, (REMATION, REMOVAL (Specify)  BURIAL  230 DATE  231 NAME OF CEMETERY OR CREMATORY  BURIAL  231 NAME OF CEMETERY OR CREMATORY  Tarrytown, New York	unty) (Stote)
	24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 250 REGISTRARS S GN	ATJRE
VR A35ME (5) 10M REV 1768	Wm. Cook-Brooks, 121/ St. Paul Street Baltimore, Maryland 2/202 DAIAUG 15 1968 Clores	Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



	1			ID STATE DEPARTM			
- ·		44002	DIVISION OF VITAL RECORDS,			MARYLAND 21201	44000
	l	11985		CERTIFICATE OF	DEATH		11093
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	3. SI	× Male	4 RACE White.	S. DATE OF BIL	22, 1882	6. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS. MIGNITHS DAYS HOURS MIN.
urs Pa Pa Iurs	7a		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		Y OF DEATH	
in lers.	COU	(try) M	U.S.A.		RCED	Altimore	Md.
executed within 24 haurs after the completely filled in by the full only endive carban papers. Pages 1 gay event, within 72 haurs after	10 (	Atons VILLE	11. NAME OF HOSPITAL OR IN give street address)	ISTITUTION (If not in baspital	12a USUAL OCCUPA during post of wor	TION (Kind of work done king life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
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	1"	BASIL	- DORSE		FANNIE.	ALEGIN.	PAY
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ful director, page 3 shauld be detached for use as the burial-transit permit. Then please carban papers. Pages I shauld be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in adv event, within 72 haurs after	16a.	WAS DECEASED EVER IN U.S. ARMEI			nes Hebb	ClARKS U	Ile, Md.
he death certific attending phys permit. Then prian, ar remaval,		18. CAUSE OF DEATH (Enter only	ane cause per line for (a) (b), and (c				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deat mit.	ı	PART I. DEATH WAS CAUSED IMMEDIATE			\		
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that in. by th ransi		nse to immediate couse (a), ( stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF				
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v required physical p	2	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION	GIVEN IN PART I(a)	
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Cate or us		21 a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year		URRED (Enter nature a	f injury in Part 1 ar Part 2, 1	tem 18.)
SICLA Spita	MEDICAL	(If either, natify medical examine	r) P.M.	9			
OR ATTENDING PHYSICIAN De retained by the haspiral SIRECTOR: After this certifica e 3 shauld be detached for ed with the State Dept. of He	2	While Nat while of wark		CTORY, 21f. LOCATION Stree	et ar R.F.D. Na.	City or Town	County State
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TENG ined and a the		causes stated above,	(I) (we) (did) (did not) view the	bady ofter death.	y) (aut) apinion de	ath occurred on the da	re and navr and from the
DR AT B refg 3 shed		22b. SIGNATURE	tack v	DEGREE PHYS	NG DIRECTOR	STAFF 22c. C	DATE SIGNED  8 5 - 68 -
ral C ray bi al Di page e file		22d. PHYSICIAN'S NAME (Type) P. L.e	three MD	22e. ADD	RESS	no i	
SPI 4 m NER. Har, Jid b		1000	THOP				16
2-2	230	BURIAL, CREMATION, 23b. DA PREMOVAL (Specify) 5 -	7-68 MOR	GAN Chape		Woodbine	(County) (State)
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRES	a MI	2So. REC'D BY REGISTR		SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
CERTIFICATE OF DEATH	11094
1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
to print Suc A Dorsey Month	2 4 68 1/13UEM
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In	VEGIS IF UNDER 1 YEAR IF UNDER 24 HRS.
Emale White Sept 19,1901 loss birth	doy) MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (Stole or foreign   7% (ITIZEN OF WHAT COUNTRY?   B. MARDIED   NEVER MARDIED   9. COUNTY OF DEATH	ik3
70. BIRTHPLACE (Stofe or foreign to country)  75. COUNTRY OF DEATH  75. COUNTRY OF DEATH  76. COUNTRY OF DEATH  77. COUNTRY OF DEATH  77. COUNTRY OF DEATH  78. COUNTRY OF DEATH  79. COUNTRY OF DEATH	
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10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if	
CATIONS VILLE   Give street address)   The form of the working life, even if	
130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NI Odmission) STATE Md 13h. COUNTY Basfor CATONS VILLE YES NO 48 DUI	JMBER 1
a de de de de la countre de la	VGARRIX/4
14. FATHER'S NAME FIRST Middle Lost IS. MOTHER'S MAIDEN NAME FIRST  AWRONCE A DORSEL Y ARVOS 1885-128	Middle Lost
LAWRENCE A DORSEY TRANCES 17855/19/6	
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME First LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & JASSELER STANDER'S MAIDEN NAME FIRST & LAWRENCE A DORS & LA	Address
Yes, no, of unknown) (If yes give my of dates of service) 212-05-24-864	8 PUN GARRAIL
18 CAUSE OF DEATH (Enter only one couse per inne 19 (o), (b), grid (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	90000
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18 CAUSE OF DEATH (Enter only one couse per inne to (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o). Stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.	7
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210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1	or Part 2, Item 18.)
To Contributing Cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19	
TO CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 (If either, notify medicol examiner) P.M. 19 2 d. IN. JRY OCCURRED 216. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 214 LOCATION Street or R.F.D. No. (ity or Town While Not with le at work at work and work of work at	County State
The state of the s	1 18
22a. I certify that (I) (this haspital) attended the deceased from	
saw, the deceased alive an 1922, and that in (my) (aur) apinian death accurred a	in the date and havr and fram the
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22b Stobatury 22b Stobatury Attending MED STAFF	22c DATE SIGNED
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THE STAFF PHYS.  22a. I certify that (I) (this haspital) attended the deceased from the property of the proper	
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28 FUNERAL DIRECTOR 25b. F	REGISTRAR S SIGNATURE
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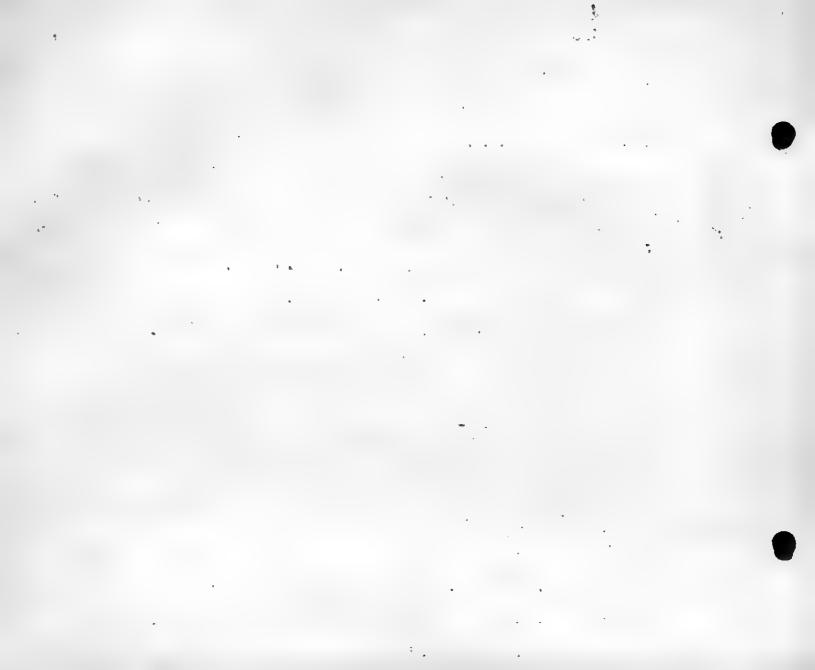


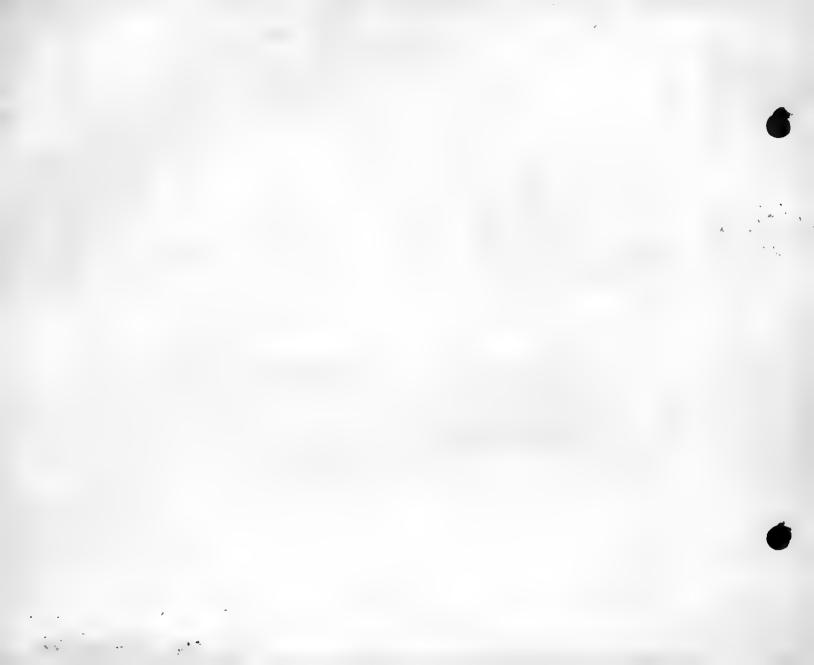
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		CERTIFICATE OF DEATH
£ 2£		CEASED-NAME First Middle Lost / 2a. DATE OF DEATH _ 2b. HOUR
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2 (13/1)	3. 5	
# 586	1	Female 11/1/16. October 3 /8/3 last Athlogy YRS. MONTHS DAYS HOURS MIN.
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he death ce attending I permit. The	١.	The Cause of Death (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY
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CIAN it all all all all all all all all all al	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
HYSICIA hospital certifica ached fa	MEC	21d INBIDY OCCUPPED 216 PLACE OF INHIDY AN HOME FARM STREET FACTORY 1 21f LOCATION Street of P. F.D. No. City of Towns.
G PH the H the H details		At work —
ING Py t ter be d tate		22a. I certify that (I) (this haspital) attended the deceased fram 22 +-eb-, 1966, to 250mg, 1968, that (I) (we) last saw the deceased alive an 70mg 1968, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.
END END Person		saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the
the state of the s	1	226. SIGNATURE () 22c. DATE SIGNED
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AL D		224 PHYSICIAN'S
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please—remove carbon papers. Page should be filled with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours	L	NAME (Type) Paul D. Shaub Shrewsbury, Pa 17361
FUN FUN rect	23g	BUR AL CREMATION, 236 DATE 234 NAME OF CEMETERY OR CHEMATORY 236 LOCATION (City or Town) (County) (Store)
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MARYLAND STATE DEPARTMENT OF HEALTH



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the lands as as as as as	CERTIFICATION	- Transfer of the state of the			CAUSES OF DEATH?	
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Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH				
YSI nosp cert ched pt. o	MED	214 INITIDY OF TIPED 1210	PLACE OF INJURY ( AT HOME FARM, STREET, FAC		) No.	County State
OR ATTENDING PHYSICIAN: The law requires that the death certificat be retained by the hospital ar attending physician.  I DIRECTOR: After this certificate has been signed by the attending physicipe 3 should be detached for use as the burial-fransit permit. Then pled with the State Dept. af Health priar to burial, cremation, ar remaval, a	ı	While Not white at wark	<b>****</b>			
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ed ted tild the She She She She She She She She She S		saw the deceased a	ive on G. Hun-	% and that in (my) (our)	) opinion death occurred on the c	lote and hour and from the
TOS TION THE	ı	22b. SIGNATURE	(1) (we) faid faid fidit) view file	oddy direi dedili.		. DATE SIGNED
d w	Н	Maken	ms truche, la	DEGREE PHYS.		0 Au6-68
AL C	1	22d. PHYSICIAN'S	-44	22e, ADDRESS		0 1 7 10 00
ERA DE LA PITA		NAME (Type) DR	. LCOLM S. DRUSK	IN 2217 S	OUTH ROAD	
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23a.	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Yown)	(County) (State)
<b>5</b>				KODESH-BETH ISR		
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS	A	C'D BY REGISTRAR ZSb. REGISTRAR	'S SIGNATURE
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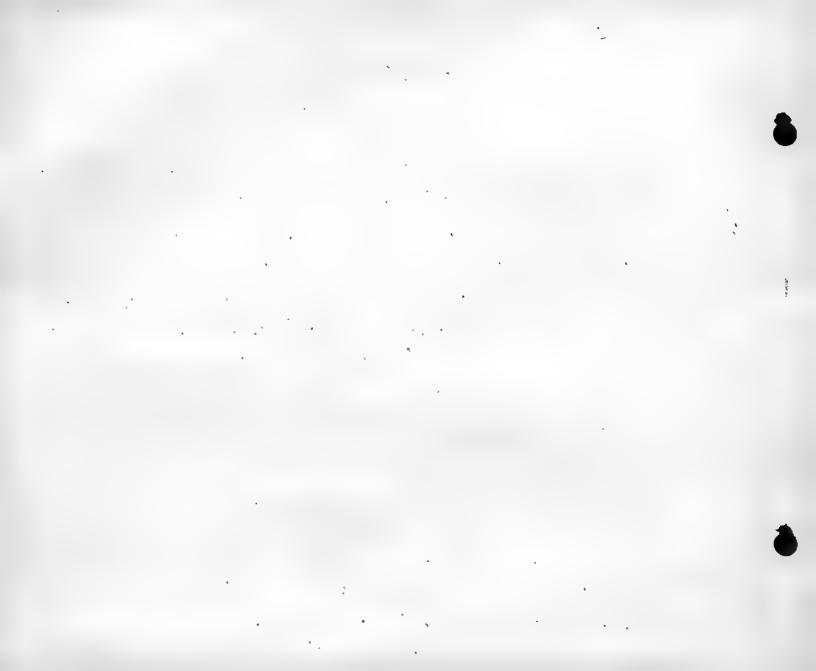


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11190 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 20. DATE OF DEATH naurs after death C Month (Type or print) Day Edward Poseph Duda 6 AGE (In years last birthday) 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF HADER 24 HRS DAYS MONTHS Pale 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)? Callione Som WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind at work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) 0,,111 000 INDUSTRY director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carb should be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Couto The law requires that the death certificate be executed NO / 14. FATHER S NAME Middle Last S. MOTHER'S MAIDEN NAME First Pauline Dirla Tironic 2.5 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (If yes give war or dates of service) Yes, na. or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OWEN IN PARTILLE 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate 21r HOW INJURY OCCURRED (Enter nature of moury in Part 1 or Part 2, Item 18.) HOUR AM. (If either, natify medical examiner) 218 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 27 LOCATION Street of RED No. (qunty State While Nat while at wark 22a I certify that (I) (this haspital) attended the deceased from 19 00, ta \_\_\_\_\_\_\_, 19 00, that (IV (we) last saw the deceased alive on \_\_\_\_\_\_\_, 19 00 and that in my (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. **ATTENDING** DIRECTOR PHYS 22e ADDRESS 90 22d PHYSIC AN S NAME (Type) 23br DATE 20 10 23c , NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION, (County) REMOVAL (Specify) deever femin, 24. FUNERAL DIRECTOR VR A15 (4) C. iller Tro- "11 Carain "1 -2/200 30M REV 1/68

MAKTLAND STATE DEPAKTMENT OF REALTH



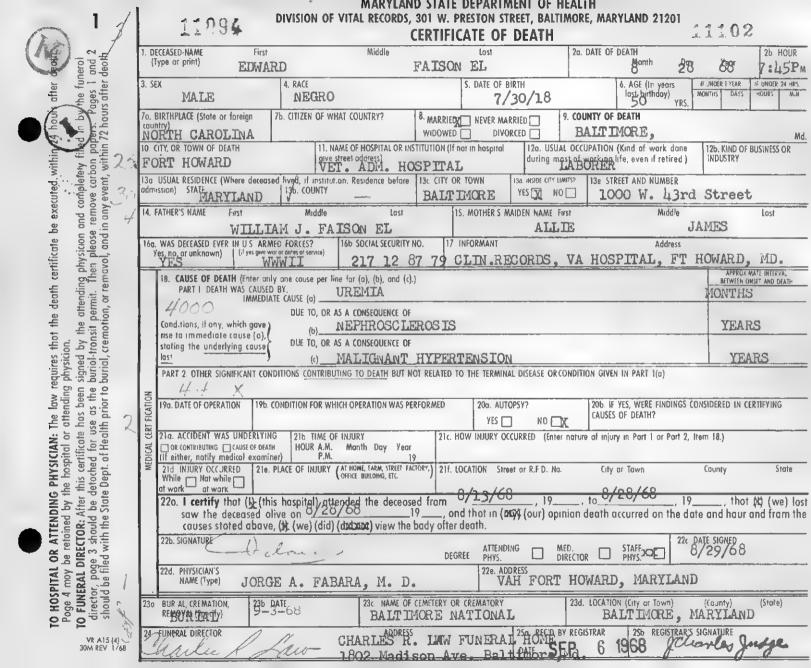
	1	MARTIAND STATE DEPARTMENT OF HEALTH
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		CERTIFICATE OF DEATH
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五 B 四 言言"〇	230	BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Specify)
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	DIVISION OF VITAL RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201	-/11/
FOR STATE	11092 Items 7, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Tolo
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© & C ∞ C	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 CITY OR TOWN 130 INSIDE CTY IM.157 13e STREET AND NUMBER DEAK 13b COUNTY BALLO. Catonsviller NO Servinggrove / Ho	te Avenue Kriittal
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	death resulted fram: Natural causes , Accident XX Suicide , Hamicide Undetermined manner	
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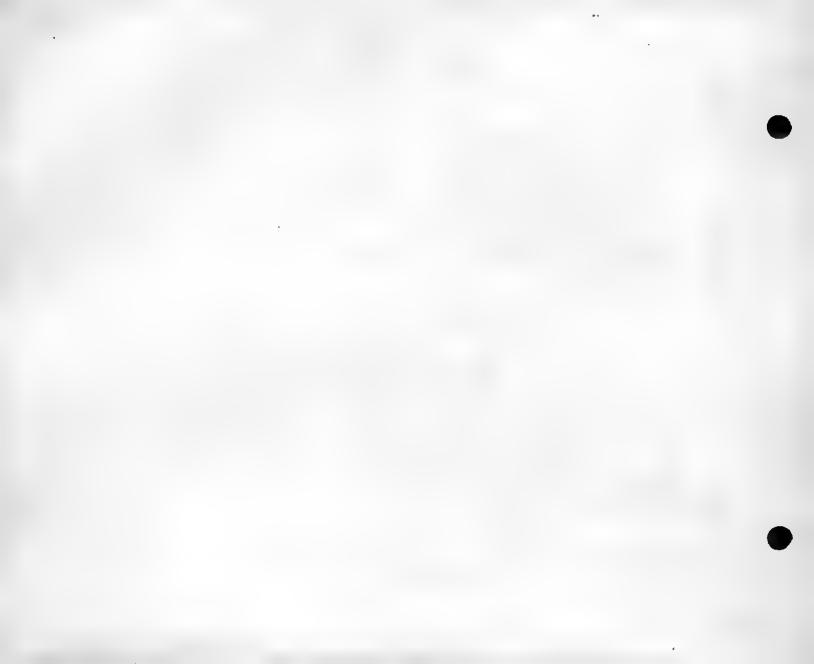


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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	103
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MAKILAND STATE DEPARTMENT OF HEALTH



	1	MARTLAND STATE DEPARTMENT OF REALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	1104
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O HOSPITAL Page 4 moy O FUNERAL director, pog should be fi	230	BUR AL CREMATION, 23b. DATE 23c NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City or Town) (Co. STROYALS SPECTY) 8/28/68 HOLY SCHOOL MER BATTINGRE	unty) (State),
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AN: ol or icote for u		210. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCCU	RRED (Enter nature	af injury in Part 1 or Part 2,	Item 18)	
P S S S S S S S S S S S S S S S S S S S	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	nth Day Year 19					
<b>S PHYSIC</b> the hospil this certi detached e Dept. of	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTO BUILDING, ETC	21f LOCATION Street	or R.F.D. No	City or Town	Caunty	State
the determination	ı	at waste - at waste -			10.	7	196	<u> </u>	
ATTENDING PHYS stained by the hosy CTOR: After this cell should be detachenth the Stote Dept.		220. I certify that (I) (the	is hospital) attended	the deceased	from	19	10	, thot (I) (	we) last
ATTENI Stained CTOR: A Should of the		causes stated above	L (I) (we)(did)(did)	not) view the bo	dv ofter deoth.	T(ont) obtation a	eoin occurred on the d	ore ona nour ona r	rom the
ATA State of the s	1	216 SIGNATURE / 124	Y SI / NII/				22c	DATE SIGNED	10
OR ATTENDING PHYSICIAL be retained by the hospitol DIRECTOR: After this certifice ge 3 should be detached for led with the Stote Dept. of He		100	STEKL	all I	DEGREE PHYS	MED DIRECTOR	STAFF PHYS.	8-2-6	0
TAL OI noy be AL DIR poge		22d. PHYSICIANS NAME (Type) Dr. 1	William G	Halfr	22a. ADDR		nd Ave., Ba	Tto Ma	
Page 4 may be retained by the haspital or ottending to FUNERAL DIRECTOR: After this certificate has been adirector, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	. 230	BURIAL, CREMATION, 23b.			METERY OR CREMATORY	·	LOCATION (City or Town)	(County) (Sto	ıte)
H gar and start	123	D-1104444 45 5 1	5-68		Ridge		kesville	Balto.	•
E - E O.W	24	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY REGIS	TRAP 25b PEGISTRAR		Md.
30M REV TYSE		.W.Jenkins &	Sons Co.	1905 Yo	rk Rd.,Bal	2Sa. RECD BY REGIS	1968	Dan Jan	
N U	=								



	1			O STATE DEPARTMENT OF HE		
	П			BOT W. PRESTON STREET, BALTIM	OKE, MAKTLAND 21201	14400
		11003		ERTIFICATE OF DEATH	A DATE OF BEATH	1106
er deoth. funerol i ond 2 er deoth.		First SARAH	J. FOSTER	Lost	20 DATE OF DEATH August Mant 21, Doy	1988 5,00 A M
after fur	3. S	Female	4 RACE White	S. DATE OF BIRTH  12-ZZ-7	6. AGE (In years last birthday)	IF UNDER YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN
by The Sours	7a.		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
24 P 25 P 24 P 25 P 24 P 25 P 25 P 25 P	can	England	U.S.A.	WIDOWED DIVORCED	Baltimore	Md.
within within within within	10.	CITY OR TOWN OF DEATH  Catonsville	it name of Hospital or Inst give street address 1006 Sanbor	urne Road   12a USUAL   during most Hou	OCCUPATION (Kind of work dane of working life, even if retired.)	126 KIND OF BUSINESS OR Industry
mplere carb	13a adrr	USUAL RESIDENCE (Where deceased ission) STATE Maryland	lived, if institution: Residence before 13b COUNTY Baltimore	13c CITY OR TOWN 13d INSIDE CITY LIM TS  Catonsville YES NO	THE STREET THE THOUGHT	e Road 21207
E E		FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME First		Last
		George	Bowden	Ann D	avis	
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  3 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician was completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the overt, within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED (es, na, ar unknawn)   Ith yes give wor o	FORCES? 16b SOCIAL SECURITY N		Address	21207 anbourne Rd.
th cert ding pl		18 CAUSE OF DEATH (Enter only PART L DEATH WAS CAUSED 8	ane cause per line far (a), (b) and (c).)	b A C	1. Va. A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deo ten rmit r, or		. HMMEDIATE	CAUSE (a)	moseur-re go	are varenar	-
the all	П	Canditions, if any, which gave )	DUE TO, OR AS A CONSEQUENCE OF		Successe -	
to the use of the state of the		rise ta immediate cause (a),	(b)		•	
res th sician red by ial-tro		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
requi ng phy en sign le buri to buri	_	PART 2 OTHER SIGNIFICANT COND)	THONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART I(a)	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	CERTIFICATION	190. DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
AN: Jal or icate icate for us		21g. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Enter In	ature of rejury in Part 1 or Part 2, It	em 18.)
SICI Spit Spit ertif ed :	MEDICAL	(If either, natify medical examiner 21d INJURY OCCURRED 21e. PL	P.M. 19 ACE OF INJURY ( AT HOME, FARM STREET FACT	ORY ) 21f LOCATION Street or R.F.D. No.	City at Town	Caunty State
C PHY the ho this c detoch		While Nat while at wark	OFFICE BUILDING, ETC		·	<u>'</u>
NDIN( ed by : After Id be	L	22a, I certify that (!) (Hiss saw the deceased aliv	re an	d from 13, 196, and that (my) (am) apinit	n death accurred an the dat	68, that (I) (we) last e and haur and fram the
ATTE Staine Should the		22b SIGNATURE	(i) (we) (did) (did yet) view the b	Can		ATE SIGNED
OR DIRE		Lfa	wy d. Karp	DEGREE PHYS DIRE	CTOR PHYS D	-21-68
SPITAL 4 moy IERAL or, poi d be fi		22d. PHYSICIAN'S NAME(Type) Dr.	Harry L. Knipp		Edmondson Avenu	
TO HOSPITAL OR ATTEN Page 4 moy be retained for FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BUR AL, CREMATION, 23b DA'		EMETERY OR CREMATORY rme1 Cemetery	O' Donnell St.,	(County) (State) Balto., Md.
₩ ₩ VR A15 [4]	24.	FUNERAL DIRECTOR	ADDRESS	2Sq RECD BY I	REGISTRAR	
30M REV 17 8	H	oward H. Hubbard	l, 4107 Wilkens Av	e. 21229 DATE AUG	22 1300 /	<i>U V</i>



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL) and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à hours = nex \* Md. Hut filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO DE completely to YES 3. NAME OF Middle Last Day DECEASED remove carb OF (Type or print) DEATH 6 19 xecuted SEX 6. COLOR OR RACE 5. DATE OF BIRTH 8. 9, AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Months Hours and Davs 0 WIDOWED TE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) Ξ 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or threign country) physician a l please I, and I during most of working life, even if retired) 40 USEWIAD NONE 13. FATHER'S NAME attending of гетоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT burial-transit permit. burial, cremation, or death (Yes, no, or unknyn) (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN been signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) as the b gave rise to immediate DUE TO cause (a), stating underlying cause last. this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY use detached for use to Dept. of Health PERFORMED? ö YES NO T the hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State After Hour a.m. While Not While be retained by p.m. at work at work should with the 21. I certify that (I) (this hospital) attended the deceased from 1968 that (I) (we) last TO FUNERAL DIRECTOR: director, page 3 shoul //20/M. from the causes and on the date stated above. \_19\_65, and that death occurred at saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ACKSOM RIAL Tore in FUNERAL DIRECTOR ADDRESS / O & O 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) ocuson ou'sm 15M 4-64 120 V 2



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Stephen 1. DECEASED NAME Middle Lost 20 DATE OF DEATH 2b. HOUR funeral I and 2 ter death. e be executed within 24 hours after death (Type or print) 3 SEX 4 RACE 6 AGE (In years IF UNCER I YEAR lost birthday) MONTHS 7a. BIRTHPLACE (State or foreign 7Ь. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maruland. DIVORCED WIDOWED completely filled 10 CITY OR TOWN OF DEATH signed by the attenting physicion and completely filler burial-transit permit. Then please remave carbon pag burial, cremation, or remaval, and in any event, within NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress) 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) STATE Maryland 13b COUNTY Baltimone Towson Y 13e STREET AND NUMBER 248 Ridge # 13d. INSIDE CITY LAMITS? Ridge Avenue YES NO [ IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Carroll Freeland ecelia Ambrose 166 SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na/or unknown) (If we give war or dates of service) 218-18-22071 Family records 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)?
PART I. DEATH WAS CAUSED BY. GETWEEN ONSET AND GEAT requires that the deal IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be liled with the State Dept. of Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 📑 NO 🗌 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not white of work 22a. I certify that (I) (this haspital) attended the deceased fram \_\_\_\_\_\_\_, 19\_\_\_\_\_, to\_\_\_\_\_\_, 19\_\_\_\_\_, that (I) (we) last saw the deceased alive on\_\_\_\_\_\_\_19\_\_\_\_, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION,
BURIAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE 24. EUNERAL DIRECTOR VR A15 (4) 30M REV. 1448

MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1 DECEASED NAME Middle Last 20. DATE KNOWN Month Year 2b HGUR (Type or Print) ESTI-1969 DEATH MATED 6. AGE (In years IF JINDER 24 HRS 4 RACE 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR puo HOURS Dav Year YRS To BIRTHPLACE (State or foreign 7b CT-ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED IT DIVORCED [ ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during prost of working life sen if retired ) 13d. INSIDE CITE 1-M TS2 13a USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OF TOWN 13e STREET AND NUMBER 135 COUNTY BY after A First 14 FATHER'S NAME last IS MOTHER'S MAIDEN NAME haurs 16b SOCIAL SECURITY\_NO 17 INFORMANT ADDRESS pencil (Yes, no or unknown) 13 APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ne fol (a), (b), farwarded to the Chief Med.col permit PART I DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate couse (a). shauld writing the ward DUE TO, OR ASSA CONSEQUENCE OF stating the underlying cause burral-⊆ guo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART #6) 0 19a. DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATIO 2D. ALTOPSY? WAS PERPORMED? icate, YES 🗌 21b\_HME OF INJURY Manth\_Day, Year 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCHRED (Enter notice of injury) should shauld PRIMARY OR CONTRIBUTING HOURAM PILADO crematian, CAUSE OF DEATH PM. 101301 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. actory, affice building, etc.) VUYSIN9 22a. I certify that I taak charge of the remains described above, held an Autopsy [ Inspection 4 Induiry and in my death resulted fram. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINES ACTUAL FUNERAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER may Health Charles F. NAME (Type) O'Donnell. ADDRESS(Street, city, town, ar county) the 0 BURIAL CREMATION 23d LOCATION (City or Town) (County) 24 FUNDAL DISECTOR 25b REG STRAR S SIGNATURE VR A15ME (5) 😽 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Bertha Evelyn Gallina 3. SEX 4. RACE S. DATE OF BIRTH IF LINCHER I YEAR IE UNDER 24 HRS 6. AGE fin years executed within 24 haurs after e carban papers. Pagesylevent, within 72 haurs after last birthday) DAYS HOUSES June 12. Female White 1906 YRS 7o. BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) campletely filled in USA WIDOWED IX DIVORCED [ Baltimore County aine 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 6205 Fr during most of working life, even if retired ) INDUSTRY Balto. County 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c. CITY OR TOWN 13d INSIDE CITY LIAMITS? 13e, STREET AND NUMBER odnission). STATE Marylan (13b. COUNTY 6205 Fred Aven Ba YES 🖂 NO S Frederick Ave. Ral to 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First M. ddle Last I, and in Arthur please Winslow Marv Hinckle The law requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 005-01-9990 Samuel ar remova Gallina 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the attending burial-transit permit. IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (a). Page 4 may be retained by the haspital or attending physician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 3 should be detached far use as the with the State Dept. af Health priar ta 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔲 YES [ O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 23f LOCATION Street or R.F.D. No. County Stote City or Town While Mot while at work of work 220. I certify that (I) (this hospital) attended the deceased fram... \_\_196 1/2, and that in (my) (oer) apinion death occurred on the date and haur and from the saw the deceased glive an.... causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF director, page 3 should be filed v DEGREE PHYS 22d, PHYSICIAN'S Edmondson Avenue Dr. John Shaw NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BUR AL, CREMAT ON, (County) (Stote) REMOVAL (Specify) Aug. 26, 1968 Holv Redeemer Baltimore. Maryland Burial 4 FUNERAL DIRECTOR
Witzke, 4101 Edmondson Ave., 21229 24 FUNERAL DIRECTOR 30M REV 1/68



- 1	4444	DIVISION O			KIMENI UP HEA I CTOCET DAITIMO	RE, MARYLAND 21201			
	11105	DIVISION		ERTIFICATE		RE, MARILAND ZIZUI	11113		
1.		urst ARTHUR	Middle JAME S	CARDNET		O. DATE OF DEATH  AUGUST Month 24 Da	2b. HOUR Year 768 8:50A		
3	SEX	4 RACE	Y 77 - 2		OF BIRTH	6. AGE (In years	IF UNDER YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.		
7.	Male  BIRTHPLACE (State or foreign		White		/* * / / / /	95 / 12 YRS.			
	ountry) Virginia	U.	S.A.	<u></u>	DIVORCED _	DUNTY OF DEATH BALLTIM	mu		
Î.	CITY OR TOWN OF DEATH FORT HOWARD	94		inistratio	n Hospitsi	CUPATION (Kind of work done f working life, even if retired) Baker	126 KIND OF BUSINESS OR INDUSTRY Bakery		
13	Ba USUAL RESIDENCE (Where dead dmission) STATE Maryle	eased lived, if institution and 13b COUNTY	Somer set	13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET AND NUMBER 21 Franklin L			
14	FATHER S NAME First	Middle	Lost	15. MOTHER	S MAIDEN NAME First	Middle	Last		
	Fran	nk	Gardner		Maggie	2	Savage		
10	60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY N			Address			
L	Yes, no, or unknown) (If yes a	MAN MOL OL GOLES OL SELAIDE	215-18-41	75 Clin.	Rec. VAH, 1	Fort Howard, Ma	aryland		
	18. CAUSE OF DEATH (Enter	anly one cause per	line for (o) (b), and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAI	PART I. DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE							
ı	Conditions, if any, which ga	Conditions, if any, which gave) ARTERIOSCLEROTEC HEART DISEASE VEARS							
	rise to immediate cause (c stating the underlying cau	o), ( se DUE TO, OF	AS A CONSEQUENCE OF				the seem and their		
	last.	_) (c)							
1	PART 2 OTHER SIGNIFICANT CHRONIC	CONDITIONS CONTRIL	BUTING TO DEATH BUT NO ARY EMPHYSE	T RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)			
CEDTIESCATION	19a. DATE OF OPERATION I		VHICH OPERATION WAS PER		AUTOPSY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?			
MEDICAL CE	210 ACCIDENT WAS UNDER!  OR CONTRIBUTING CAUSE OF  (If either, notify medical exc	YING 236 TIME HOUR A.N P.N	l. Manth Day Year	21c. HOW INJUR	Y OCCURRED (Enter natu	ore of injury in Part 1 or Port 2,	Item 18.)		
JAK	21d. INJURY OCCURRED While Nat while of work	le. PLACE OF INJURY	( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			City or Tawn	County State		
	22a. I certify that2(1) saw the deceased	(this haspital) at alive on	ttended the decease 8/24/ 1) (did Not) view the b	d from $8/1$ ( $68$ , and that in advantage)	/, 1900 n (my) (our) opiniar	, to <u>8/24/</u> , 19 n deoth occurred on the d	168_, that (IX(we) los ate and hour ond fram the		
	22b. SIGNATURE	4/6	- 3	DEGREE PH		OR STAFF XX	DATE SIGNED 8/25/68		
	22d PHYSICIAN'S NAME (Type)	MARIO J.	QUIROS, M.		ADDRESS VA HOSPITAI	L, FORT HOWARD	, MARYLAND		
23	DEMOVAL (Specific)	b DATE		EMETERY OR CREMATO	1	LOCATION (City or Town)	(County) (State)		
L	REMOVAL (Specify)	ug. 27,	1968 Marine	rs Cemeter		Crisfield, Some	erset, Md.		
24	4. FUNERAL DIRECTOR		ADDRESS		250. REC'D BY REC	2 9 1968 REGISTANO	Light Judges		
	Bradshaw Fun	neral Hom	e Crisfiel	d. Marylar	id DATE AUG	20 1900	7 0		





1	Ite	m 18 Film 404 9	1-3-68 ams MARTIAN DIVISION OF VITAL RECORDS.	301 W. PRESTON STREET, BALT	HEALIH IMORE, MARYLAND 21201	
40		11107		CERTIFICATE OF DEATH		11115
4 € £X€X		CEASED NAME First ype or print)	Middle	Lost	20. DATE OF DEATH  Month Doy	Zb. HOUR
·		Geral		GIBSON	8	20, 1968 12 P.M
i i	3 SE		4. RACE	S. DATE OF BIRTH	6. AGE ( n years lost birthday) 56 YRS.	IF UNDER 1 YEAR   IF UNDER 24 MRS   MONTHS   DAYS   HOURS   MIN
rs o Page rrs o		Male	White	June 10, 19	912 56 YRS.	
haurs in by t rs Pars	លេកបី 10 B	RRTHPLACE (State or foreign 7 try)  Maryland	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 🔀 WIDOWED 📑 DIVORCED	Baltimore,	
24 led ope ope	10 0	TARVLAND	U.S.A.		AL OCCUPATION (Kind of work done	125. KIND OF BUSINESS OR
uthin 24 l	I	l'owson	give street oddress) ST - JOSEP	U UCCDTTAT during m	ost of working rife, even if retired.)	INDUSTRY TEAMSTERS
w defe			lived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE CITY I	GANIZER  LIMITS? 13e STREET AND NUMBER	WICH # 311
The law requires that the deoth certificate be executed within 24 haurs after death attending physician. The special physician on completely filled in by the foreign is a stree buriol-transit permit. Then please remove corbon popers Pages Land harior to buriol, cremation, or removel, and in ony event, within 72 haurs at the complete that the prior to buriol, cremation, or removel, and in ony event, within 72 haurs at the complete that the content of th	odmi	ssion) STATE Md	13K. COUNTY	BALTO. YES IN N	°□ 5511 Tod9	AUE
The second secon	}4, F	ATHER S NAME First	Mrddle Lost	15 MOTHER'S MAIDEN NAME	First Middle	Lost
be nor		JOHN	P. GIBSON	MARVA	HAGERTY	
cote Sicia olea;	16a. Y	WAS DECEASED EVER IN U.S. ARMEI es, ng, or unknown) { (!! yesaye woy	or dales of service)  16b. SOCIAL SECURITY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Address	
phy:		VES WW	11 12 0 0 3	WIN MRIJOSEPH	F. GIBSON 411	APPROVINATION AND AND AND AND AND AND AND AND AND AN
e iii e e	П	1B. /CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line for (o), (b), ond (c) BY: Acute gas	) trointestinal blee	dine	BETWEEN ONSET AND DEATH
deo deo mit or	П	. IMMEDIATE	(AUSE (o)	VA OZIIV CO VZIIXIZ VZ CO	***************************************	
the per tion		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	strews ulcers of	stomach	
y th	Н	rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	SVICES WICEIS OI	Stomach	
es the sicion of the sicin of the sicion of the sicin of the sicion of the sicion of the sicion of the sicion of t		stoting the underlying couse lost.	a Post oper	ative status parti	al colectomy for	
The law requires that the deoth certificate be executed any sides.  The speed of the attending physician on the sease the buriol-transit permit. Then please remain the prior to buriol, cremation, or removal, and in on the sease the sease of the sease o	Ш	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART (4) and	enocarcinoma
v recing I	2	1				
te law re trending os been as the prior to l	CATTO		ONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
: The proof of the post of the	CERTIFICATION		stric enteritis	YES NO		
IAN: Thy al or at ficote ho for use Health	AL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2,	Item IB.)
SICE spire ed f ed f	(EDIC	(If either, notify medical examine	r) P.M.	9	7% T	County State
SING PHYSICIAN: by the hospital or frer this certificote be detoched for u State Dept. of Heal	~	21d. INJURY OCCURRED 21e. Pl While Not while of work of work	CACE OF INJURY (AFFORE, FARM, STREET, PA	CTORY.) 21f. LOCATION Street or R.F.D. No	c. Gity or Town	County Stote
the de	Н	220 Leastify that (1) /this	hospital) attended the decens	ed from 8/12/ 19	68 to 8/20/ 19	68 that (A) (we) lost
ATTENDING Patained by CTOR: After should be with the State		saw the deceased aliv	/e on 8/20/	ed from 8/12/ , 19 19_68, ond that in (my) (our) op body ofter death.	inion death occurred on the de	ote ond hour ond from the
A ATTENI retained retained ECTOR: A 3 should with the		couses stated above,	(I) (we) (did) (did not) view the	body ofter death.	T and	
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate je 3 should be detached for u ed with the State Dept. of Heal		22b. SIGNATURE	rusch	DEGREE PHYS		DATE SIGNED gust 20, 1968
y be Diled	Ш	22d. PHYSICIAN'S				
PITA mod ERAI d be		NAME (Type) Lawre	nce J. Misanik, M	.D. 7620 You	ck Rd., Towson, M	1. 21204
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificote hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION 23b. DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 2 ×	_/	31377.7.44 -		ENS OF FAITH	BALTO, Co.	Md.
VR A15 (4)	. 24	FUNERAL DIRECTOR	5444 BG	1010 17:00	BY REGISTRAR 286 REGISTRARS	
30M KEV 1/68		J. Much Con		DATE A	UG 2 5 1968 gcl	Carley Juntage

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7		21100	DIAISION	OF VITAL REC		W. PREST	N STREET, B	BALTIMORE, N	MARYLAND 21	201	તાનું નુ ન	l <del>My</del>
FOR STATE		11109		MEDIC/	AL EXAN		ERTIFICA	TE OF DE			ل به باد غد	. 1
HEALTH DEPT		DECEASED NAME (Type or Print)	F rst NOR	MAN	M do	lle	GIFFO		O.E.	KNOWN Man		
3.7 S G G G G G G G G G G G G G G G G G G	3 5	SEV IA	RACE	S DATE OF BIRTH	<b>1</b>	16. AGE (In year)				PRONOUNCED DEAD		68 N
PM3. Page	3 3	made	white			Last b theory	MONTHS DA	AYS HOURS	M.N. Mani	th _ Day	Year	2d HOUR
1, 2, c	70	BIRTHPLACE (State or		CITIZEN OF WHAT	-		ARRIED NEVEL	P MARRIED [7]	9. COUNTY OF D		196	881 - 188
form form		ntry) New Je		U.S.A			_	DIVORCED X		ltimore		M
	10 (	CITY OR TOWN OF DI	EATH	11 NAA	ME OF HOSPITA	L OR INSTITUT	ON (If not in hos	nital 120 uS	UAL OCCUPATION	(Kind of work do	ne TI25 KIND OF	BUSINESS OR
the the		Rosedal			reet oddress)	1916 V	/ilhelm		Dock L	oader - P	reston	
s after 118. Girls alang with death	13a	USUAL RESIDENCE ( adm ssion) STATE	i	I I ved, if instituti	ion Residence			13d INSIDE CITY L		ET AND NUMBER		-
	<u> </u>	FATHER S. NAME	Md.	Ba Middle	lto.	Balti		YES NO	first 910	Kenwoo	d Ave,	
	14 8			Giffo	×3	LOSI				M.dele		lost
mineral in pages hours	160	WAS DECEASED EVER I	-		16b SOCIAL SEC	IIRITY NO	17. INFORMANT	lar tha	Murphy	ADDRESS		
	()	Yes, na, ar unknawn)	(If yes give wor	r or datas of sarvical	3-01-			n_Giff	ord so	n.1916	Mi Tholr	n
		18 CAUSE OF DE	ATH (Enter only	one cause per line			. 0			, 1	APPROXI	IMATE INTERVAL ONSET AND DEATH
executed anding" Medica (E)		PART I DEAT	'H WAS CAUSED E	BY: CAUSE (a)	an	een 1	4	Jun	~a 6	Mex	- Stirreding	MAC AND DEATH
X P W d		1621			AS A CONSEQUE	NCE OF	0		4			
d "pe d "pe chief ransa		Canditions, if ony, rise to immediate		(b)					2			
should be e ne word "per o the Chief! burial-transit		stating the under	lying couse	DUE TO, OR A	AS A CONSEQUE	NCE OF						
the v the v to the the buri		PART 2. OTHER S GI	VIEICANT CONDITI	Oles CONTRIBIT N	IC TO DEATH B	I T MOT DELATE	TO THE TERMIN	AL DISEASE OR CO	ONDITION CIVER II	U DART 1/a)		
its certificate should be te, writing the word "pe, farwarded to the Chief he used as a burial-transit removal, and in any ever		16.5 X	INTERNAL CONDING	OH3 CONTRIBUEN	IO TO DEATH D	CI NOI KELAIE	D TO THE TERMIN	IAL DISCASE OK ((	DUDITION GIACH II	Y PAKI (0)		
certif arwar used mayal	ATION	190 DATE OF OPER	ATION	- 1		FOR WHICH O	PERAT ON				20 AUT	OPSY?
	H				WAS PERF						YES	□ Nd Ø
海 공 <sup>3</sup> '	MEDICAL CERTIFICATION	210 EXTERNAL (AJ PRIMARY OR CO		21b. TIME OF IN HOJR A ML		oy, Year	21c HOW INJUR	Y OCCURRED (Ent	er nature of injury	y in Port 1 or Part	2, Item 18.)	V
INER: e certif shauld files. 3 shauld atian,	30	CAUSE OF DEATH		P.M. ACE OF INJURY (A)		19	21f LOCATION S		<i>f</i> 3	Y-	formula	
EXAMINER: ute the certifuge 4 shauld your files. Page 3 shau , crematian,		WHILE NOT W		ry, office building,	etc)	STEBBI,	ZIT LOCATION 31	TREI OF K P D NO	τιιγ	or Town	County	State
				k charge of the	o roma ne d	accubad aba	ua haldan d	Nutaneu 🗆	les estimation of	X Inquiry	<u> </u>	
older exect director. Postained far DIRECTOR:		deoth resul		Natural couse	-	ccident 🗔.	Suicide		Inspection India	termined monn	France Control	n my op nian
please e) director. retained. DIRECTO or ta burn		400/11 10301		()-		Cidelli [_],	Joicide	CH EF MED CAL E		renninga mana	/	
9 2 2 9		ACTUAL SIGNATURE	tren	C Ka	MA	2	M.D	ASS STANT MED (		22b D.	ATE/SIGNED /	0.
		EXAMINER'S	1-1-	200	1)2	1100	C NY J.	DEPUTY MEDICAL		( - \$	1911	2
		NAME (Type)	1112	OrC			200.		city, town, or col		1	
5 = 2 5 ± 5	23a	BLRIAL, CREMAT OF REMOVAL (Specify)			1		d Ceme		23d LOCATION	imore,	(County)	(State)
K.	24	Burial	8,	/20/68			d Cente	-	BY REGISTRAR		IR S SIGNATURE	
VR A15ME [5]		Schimun	ek Fund	eral Ho	ome, 1	nc.			4 44		wante u	and and an in



					E DEPARTMENT OF		DV: 411D 61661		
· ]		11110	DIVISION OF VITAL R	· ·	PRESTON STREET, BA		RTLAND 21201	1111	8
2.5	1. DI	CEASED NAME First	M	iddle	Last	2o DATE O	DEATH		2b. HOUR
Pud eoth		vne or printi	nomas T. N	1.	Ginn		Manth Day	1968	M
\$	3 SE		4 RACE	VI.a.	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	Cau.		3- 26- 192	22	last birthday)	MONTHS DAYS	HOURS MLN.
	7o !	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTY	RY? 8 MADDI	ED NEVER MARRIED	9. COUNTY OF		<u> </u>	1
	cant	Georgia	U.S.A.	WIDOW			timore		Md
	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL OR INSTITUTION	If not in hospital 12a. U	ISUAL OCCUPAT ON	Kind of work done	12b KIND OF	
0		Fullerton	give street addre	bloo As	bury Avenue	mast of warking Spot	life even if retired) Nelder	INDUSTRY	tinghous
	13a	USUAL RESIDENCE (Where decease	ed lived, if institution: Reside		OR TOWN 13d. INSIDE C	TY LIM 157 13e 51	REET AND NUMBER		
	aam	ssion) STATE Md.	13b COUNTY Baltin	nore Fu	llerton YES	NO I	OO Asbury .	Avenue	36
1	14. F	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAM		Middle		Lost
		William		Ginn		Dora	J.	Pe	arson
	16g.	WAS DECEASED EVER IN U.S. ARM gs. na, ar unknown)   [If yes quy w	ne ne datas of sanoral		7 INFORMANT		Address		
		Yes W	W 11 256-	-14-8577	Mrs Helen V.	. Ginn	100 Asbur		e 36
		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y ane cause per line far (a),	(b), and (c).)	-			BETWEEN O	MATE INTERVAL INSET AND DEATH
		IMMEDIA	TE CAUSE (o)	Chromi	بم				
			DUE TO, OR AS A CONSE	-	1. 1 1	500			
		Canditians, if any, which gave ) rise to immediate cause (a),	(b) /200	adolac	Can A Pa	B4-CAD-			
		stating the underlying cause	DUE TO, OR AS A CONSE	QUENCE OF	•				
		PART 2 OTHER SIGNIFICANT CON	(c)	CATH DUT NOT DELATE	TO THE TERMINAL DICEASE	OP CONDITION CIVE	M IN DADT 1/-V		
X		1 . 1 2	CONTRIBUTION TO DE	CAIN BOT NOT KECKEE	> 10 ITE TERMINAL DISCASE	OKCOMPITION OIN	M IN PART ((0)		
	CERTIFICATION	19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	20a. AUTOPSY?	20b. I	F YES, WERE FINDINGS (	CONSIDERED IN C	ERTIFYING
X	IFIC				YES NO	CAUSE	S OF DEATH?		
		210 ACCIDENT WAS UNDERLYIN			HOW INJURY OCCURRED (E		iry in Part 1 or Part 2,	Item 16.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month	Day Year					
	ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FA		LOCATION Street or R.F.D.	Na. City	y of Town	Caurty	State
		at wark at wark							
		220. I certify that (!) (the	s haspital) attended th	e deceased from	, 10	9, ta		, that	(1) (we) last
		saw the deceased a	ive on, , (I) (we) (did) (did not)	view the body off	ond that in (my) (our) : er death	opinion death	occurred on the di	ate and hour	and from the
		22b SIGNATURE	, (1) (110) (010) (010 1101)	- Town me body on			22c.	DATE SIGNED	
		/	12 Jan	0	EGREE PHYS.	DIRECTOR	STAFF PHYS	8/5/	18
1		22d. PHYSICIAN'S	II		22e. ADDRESS		<u>-</u>		
-		NAME (Type) Dr	. Harris		8100	) Harford			
	23a	BUR AL, CREMATION, 236. I	DATE 23c	NAME OF CEMETERY	OR CREMATORY	23d LOCATI	ON (City or Town)	(County)	(State)
			-5-1968	Parkwood C	emetery	Balt	imore	Co.	Md.
Lo	F .	FUNERAL DIRECTOR				D BY REGISTRAR	2Sb REGISTRAR S		
争火		Lassahn Funeral	. Home 7401 5	elair Road	21236 DATAU	6 6 19	68 PClian	Man Voted	dA.

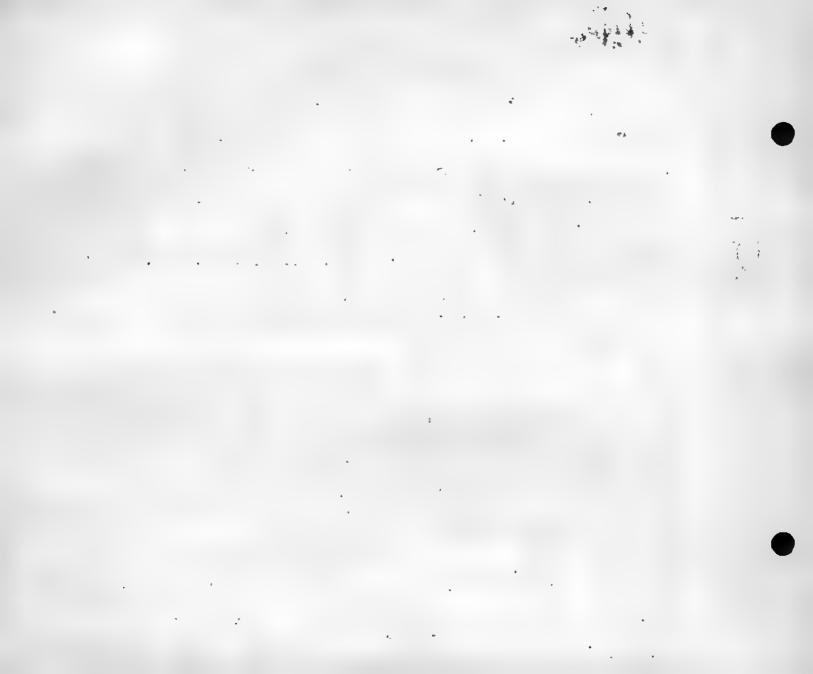


1		Item 23b,per to		ND STATE DEPARTMENT OF 1, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		1119
death.		CEASED-NAME First ype or print) JAMES	Middle	GIRARDI	20 DATE OF DEATH Month Day	2b HOUR 680 7:30A M
	3 51	X MALE	4. RACE WHITE	s. date of birth 5/6/04	6. AGE (In years	FUNCER LYEAR IF UNDER 24 HRS.
executed within 24 haurs after the campletely filled in by the cample any event, within 72 hours after the cample any event, within 72 hours after the cample any event, within 72 hours after the cample and cam		BIRTHPLACE (Stote or foreign 7	b CHIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH BALTIMORE COUNTY	Md.
ecuted within 24 I campletely filled in ave carban paper y event, within 72		ITY OR TOWN OF DEATH FORT HOWARD	give-street oddressim.	HOSPITAL PIP	A. OCCUPATION (Kind of work done nost of working life, even if refired )	126. KIND OF BUSINES OR INDUSTRIBUTION OF COMPANY
executed void complete compare carl any event,	odm	ssion) STATMARYLAND	l lived, if institution: Residence before 1,26 COUNTY	BALTIMORE YES X N	o□ 116 S. BROADW	AY
	L	TATHER'S NAME FIRST CARMEN	Middle Lost GTRARI		RGARET DI	FLIPPO Lost
physkia physkia plea plea aval, an	16a. Y	WAS OFCEASED EVER IN U.S. ARME	D FORCES? T dates of service)  16b SOCIAL SECURIT 216 03 5	7 NO CLIN.RECORDS,	VA HOSPITAL, FT H	
ne death ce attending p permit. The		18. CAUSE OF DEATH (Enter only Part 1. Death was caused Immediati	one couse per line for (a), (b), and (i BY. E CAUSE (a) BRONCHOPNEX	a)) JMONIA AND PULMONAR	Y CONGESTION	APPROXIMATE INTERVAL DETWEEN ONSET AND OFATH
nt the d the attr sit perr nation,		Conditions, if ony, which gave rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF TERMINAL CA	ARC INOMA OF BLADDER	WITH GENERALIZED	METASTASES
requires that the physician. Signed by the burial-transit is burial, cremati		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O			
The law requires the attending physician, tas been signed by se as the burial-traith priar to burial, cre	S	,		NOT RELATED TO THE TERMINAL DISEASE OR		
The la rattence has be use as uth pria	CERTIFICATION		INDITION FOR WHICH OPERATION WAS I	YES NO X		
SICIAN: Spital ar ertificate ed far u	IEDICAL C	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	21b TIME OF INJURY HOUR A.M. Month Doy Yeo r) P.M.	or 19	er noture of injury in Port 1 or Port 2, lite	
G PHY: the har this or detach te Dept		at work at work		ACTORY.) 21f. LOCATION Street or R.F.D. N		County State
ATTENDIN etained by CTOR: Afte shauld be vith the Sta		saw the deceased alive couses stated obove,	haspital) ottended the decea re an	sed_fram_7/25/68, 19 _19, and that in <del>(199</del> ) (our) ap e body ofter death.	inian death accurred an the date	, that (PF(we) last e and hour and from the
OR AT DIRECTOR 3 shows the best of the bes		22b. SIGNATURE	HI Samul 1	DEGREE PHYS.		ate signed 8/1/68
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in		22d. PHYSICIAN'S HOWAR	4	22e. ADDRESS VAH FORT	HOWARD, MARYLAND	
Page TO FUN direct shaul	E		/5/68 BALTI	F CEMETERY OR CREMATORY MORE NATIOAL	23d LOCATION (City or Town) BALTIMORE, MARY	
VR A15 (4) 30M REV.	24	FUNERAL DIRECTOR	Schimunek 3331 Breh	Funeral Home 25a RECD AUG ms Lane, Baltimore,	by registrar 25b. registrar's s  Md 1968 Clark	

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11112	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET	, BALTIMORE, MARYLAND 212	201
22220		CERTIFICATE OF DE	ATH	11120
1 DECEASED-NAME First (Type or print)	Ell Z	Guode-	2a. DATE OF DEATH Month S	Doy 55 Year 6 2b. HOUR
3 SEX Male	4 RACE White	S. DATE OF BIRTH	6-1895 6. AGE (In year lost birthday)	IF UNDER 1 YEAR HE UNDER 24 HRS. MONTHS DAYS HOURS MIN
TO BIRTHPLACE (State or foreign country) Chemicality N.C.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. COUNTY OF DEATH BCECH	mone Md
10, CITY OR TOWN OF DEATH		Estchester NE	20 USUAL OCCUPATION (Kind of work using most of working life, even if ret	wed.) ANDUSTRY Air Louice
admission) STATE M. (1)	13b COUNTY Batto.	YES	D A 2,21 100 84	
14 FATHER'S NAME THE DULL			HAME First Mid	Brown
Yes, no of taknown) Was given	MED, FORCES? 166. SOCIAL SECURITY POOR OF SERVICES.	NO 17 INFORMANT WAY VOICES	Goods 207 Had	
PART I. DEATH WAS CAUSED IMMEDIA Cond tians, if any, which gove rise to immediate cause (a), (	DUE TO, OR AS A CONSEQUENCE OF	to brasin, lus	Carciruma ugs, lover, bor	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH  WILL
*	(c)	OT RELATED TO THE TERMINAL DISE		
RIFEC	CONDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
GIT either, notify medical examin	TH HOUR A.M., Manth Day Year ner) P.M. 1	9	D (Enter nature of injury in Part 1 or P	
While Nat while at work of work		CTORY ) 21f. LOCATION Street or I	7-2-3	County State
couses stated approve	is haspital) oftended the deceas live on a, (I) (we) (did) (did nat) view the		ur) opinion deoth occurred on t	
22b. SIGNATURE	Muca	DEGREE ATTENDING PHYS  220 ADDRESS	MED DIRECTOR D STAFF DHYS.	22c. DATE SIGNED
NAME (Type)  23a BURIAL, CREMATION, REMOVAL (Specify)  23b. 1		CEMETERY OR CREMATORY	23d. LOCATION (City of Town	a) (County) (Syste)
24 FUNERAL DIRECTOR  VOIL 1810 DUFFES	ADDRESS	Ruad DAT	ALLC O & 19KH	STRARS SIGNATURE



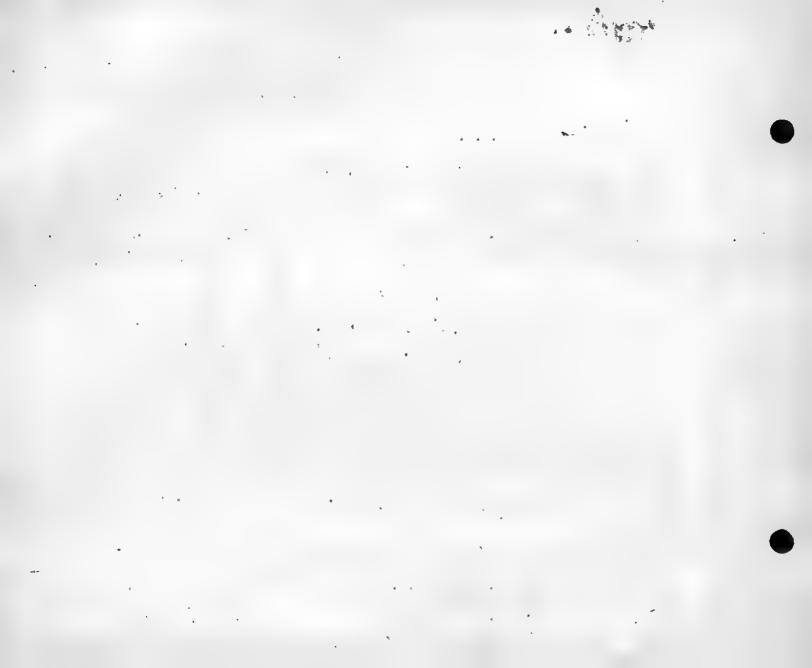


	11114	DIVISION OF			TON STREET, BA		ARYLAND 21201		22
1.	DECEASED NAME Fire	st	M,ddle		Last	2a. DATE (			2b. HOUR
	(Type or print) Luc	су	Ann	(	reen		Manth Do	17 1968	11 PM
3.	SEX	4. RACE		S.	DATE OF BIRTH		6 AGE (In years	MONTHS DAYS	IF UNDER 24 HRS. HOURS & MIN
_	Female	Neg			July 4, 1		last bidhday) YRS		Milli
70	. BIRTHPLACE (State or foreign	7b. CITIZEN OF WH		8 MARRIED	NEVER MARRIED	9. COUNTY C			
	Maryland	U.S.A		WIDOWED X	DIVORCED 🗌		imore Coun		Md.
	. CITY OR TOWN OF DEATH	11 NA _ 0.ve s	ME OF HOSPITAL OR IN	ISTITUTION (If not i	i haspital 112a. U		N (Kind of work done g life, even if retired)		USINESS OR
	Catensville		reet address)						
0d	a USJAL RESIDENCE (Where dece miss on) STATE Maryland	1 126 COUNTY	Georges! s	County	YES	NO [	STREET AND NUMBER Rt. 197. M	itchellv	ille, Mo
14	FATHER'S NAME First	Middle	Lost	15 M	OTHER'S MAIDEN NAM	First	Middle		Last
L	(dec'd)				(dec'd)				
14	Yes, no, or unknown)   (It yes gv	RMED_FORCES? e war or dates of service)	219-54-85			marin a Ci	rove State	Usanita'	
-					cerus: 5	pring d	LOVE DUTTE		ATE INTERVA.
	1B. CAUSE OF DEATH (Enter of PART L. DEATH WAS CAUSED IN COLUMN TO THE PART OF	only are cause per lin	e far (a), (b), and (c)	))	. (	1	1		ISET AND DEATH
	IMME	DIATE CAUSE (a)	culler	arrit	Mar	Me	mollyco	16 N	Cpi
ı	Conditions, if any, which gove	DUE TO, OR A	S A CONSEQUENCE OF	IA				1 - 0	· · · · · ·
L	rise to immediate cause (o)	(0)	112001					+ 4	secry
П	stating the underlying cause last.		S A CONSEQUENCE OF						
П	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIR 1	ING TO DEATH RUE I	AUT DELYIED TO TI	IL TERMINAL DISEASE (	E CONDITION GIV	FN IN PART 1(a)		
L		ONDITIONS CONTRIBUT	INO TO OUNITE DOT T	TO: KELAILO IO II	IL TERMINAL DISCASE C	A CONDITION ON	CHIN PART I(U)		
CCOTICICATION	19g, DATE OF OPERATION 119	b CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a AUTOPSY?	20b	IF YES, WERE FINDINGS	CONSIDERED IN CEL	RTIFYING
31313	2				YES NO	CAUS	ES OF DEATH?		
				21c HOW			jury in Part 1 or Part 2	, Item 18)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE CA	HOUR A.M	Month Day Year	19					
345	21d. INJURY OCCURRED 21 While Not while at work	B. PLACE OF INJURY	AT HOME FARM, STREET FA OFFICE BUILDING, ETC.		TON Street ar R.F.D	No (i	ty ar Tawn	County	State
	22a. I certify that (I) (i saw the deceased	this hospital) atte	nded the deceas	ed from Au	gust 6 , 19	00_, ta_	Aug. 17,1	9_68, that	(I) (we) last
L	saw the deceased causes stated aba	alive an	(did not) view the	19 6 K, and t	nat in (my) (aur) e	pinian death	accurred an the d	late and have a	ind fram the
	22b. SIGNATURE	ve, (i) (we) (ala) (	(old flot) view the	oggy after dec	1111		1 220	DATE SIGNED	<del></del>
	1	11. 11.	- 1221	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF V	2 0	17
1	22d PHYSICIAN S	cect ?		. 3	22e. ADDRESS ST	RING GI	OVE STA'E	HOSPITA	L
	NAME (TYPE)	EAR	1 11	11)	Ba	ltimore	, Maryland	21228	
23	REMOVAL (Specify) 231	VDATE 22-66	1 1/21	CEMETERY OR CR	MATORY Pus	6 230 LOCA	CONTROL OF TOWN	Os County	(Store)
2	FUNERAL DIRECTOR	1 1	ADDRES	Sn	2So REC	BY REGISTOAR	2Sb. REGISTRAR		1
1	1) Tilnoline	den 4/20	n 4455.11	Jane 11	27E DATE A	UG 2'2	1968 120	conces you	der.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED NAM Middle 20. DATE OF DEATH 2b HOUR death within 24 hours after death era (Type or print) ANNIE MAY GUILLOTT AUGUST :30A M 4. RACE 3. SEX S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. I883 lost birthdoy) white August 3I, HOURS signed by the attending physicida <u>and dompletely filled in be</u> burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 haur 7o. BIRTHPLASS State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [ ] NEVER MARRIED 🔀 9 COUNTY OF DEATH Baltimore U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most at warking life, even if retired.) **none** INDUSTRY Owings Mills Rosewood State Hospital none 130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13e STREET AND NUMBER 38 INSIDE CITY & MITS? odmission) STATE YES THE NO ex 14 FATHER'S NAME IS MOTHER'S MAYDEN NAME First 631 Eugene Guillott Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes no, or unknown) [If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave t rise to immediate couse (a). AS A CONSEQUENCE OF DUE TO, OR Pags 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. at Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 1000 17 , 1950, to Aug. 25 , 1950, that/(1) (we) lost sow the deceased alive an August 25 1968, and that in (on) (our) applicant death occurred on the date and hour and from the sow the deceosed olive on August 25 \_\_\_\_\_1968, and that couses stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b SIGNATURE MED DIRECTOR **ATTENDING** DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Joven, Lucrecia Owings Mills. Md 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b. DAJE (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68





MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle DECEASED NAME Lost 20. DATE OF DEATH 2b. HOUR executed within 24 hours after deoth. (Type or print) 1 Doy 68 Year HENRY Month **JEROME** HANLIN 9AM<sub>M</sub> 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS. WHEND August 27- 1909 lost bereddoy) MONTHS MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) W. Va. BALTIMORE U.S.A. DIVORCED | WIDOWED | 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR BALTIMORE "GR" BALT. MED. CENTER during most of work no life even if retired )
Bethlehem Steel Co. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore YES NO 🛶 Dimdalk 306 Pinewood Rd. 21222 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Stewart Hanlin A. Charlotte Anna Agnew 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yesypo or unknown) (1 ver ever water doles al service) Wife, Mrs. Selma V. Hanlin, #13,a,b,c,d.c. 546-09-2722 burial, cremotion, or removal, 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) IMMEDIATE CAUSE (0) \_\_\_\_ RESPITORY FAILURE PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF **EMPHYSEMA** Conditions, if ony, which gove) OF THE LUNG & rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SCLEROTIC HEART DISEASE TO FUNERAL DIRECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED City of Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 7/30 , 1968 , ta 8/1 , 1968 , that (I) (we) last saw the deceased alive an 8/1 1968 and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (I) (xe) (did) (did) (view) view the bady after death. retoined 22b SIGNATURE ATTENDING MED. DIRECTOR DEGREE director, poge 3 should be filed v PHYS. 22d. PHYSICIAN'S 22e. ADDRESS GBMC DEREK A BRUCE MD. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23b. DATE 230 BURIAL, CREMATION, (County) REMOVAL (Spenty) Baltimore, Maryland Aug. 5-1968 Oak Lawn 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John J. Duda, Dundalk, Maryland 21222 1968 Ochonlas DAAUG 2



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		CERTIFICATE OF DEATH
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de orth		ype or print) E/120 beth M. Hardy August By 1900 8 1143 M
the furning and a second secon	3. SI	Female 4 RACE White 5. DATE OF BIRTH Sept 16, 1876 6 AGE (In years Indusprise Texas Indusprise Days Hours Min.)
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ecuted with completely (ove corban y event; with		LSUAL RESIDENCE (Where deceased lived, 'f institution: Residence before 13c CITY OR TOWN 3d INSIDE CTY LIMITS? 13e. STREET AND NUMBER 75sian) STATE / Party found 13b COUNTY 50 / 15 / 16 / 16 / 16 / 16 / 16 / 16 / 16
e execut femove nony ev	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
as a single of the single of t	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?  85, no. or Wasdown (If yes give wor or dates of service)  7/2 - 19 -
certific		APPROXIMATE INTERVAL
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The law requires the attending physician. has been signed by se as the burial-troith prior ta burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO SE CAUSES OF DEATH?
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TENDING PHYSICIAN: ined by the haspital or R: After this certificate outd be detached far u the State Dept. af Heal	MEDICAL	(If either, nat-fy medical examiner) PM 19  21d IN. LRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while 1
the harm this detocate Dep		at work at wark
ENDING ed by t C. After old be co		22a. I certify that (I) (this hospital) attended the deceased from 1965, and that in (my) (ser) opinion death occurred on the date and hour and from the causes stated above, (I) (vec) (did) (and not) view the bady after death.
OR ATTENE be retained DIRECTOR: A pe 3 should		22b. SIGNAHURU 22c. DATE SIGNED 22c.
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TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	Burial, Cremation, 23b Date 23c NAME OF CEMETERY OR CREMATORY 23d. location (City of Town) (County) (Stote)  Cremation 8/12/68 Greenmount Baltimore, Md.
		FUNERAL DIRECTOR CO. 19 TO 14: 100 TO NICADDRESS OF TO 120 250 RECU BY REGISTRAR
30M REV. 1880	W	m. Cook-Brooks West Inc Balt. Md. 21228 DAIF AUG 1 3 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR death and (Type or print) Manth David Rogerson Williams. Harrison Aug. 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS lost birthdoy) DAYS HOURS Male White June 60 YRS 7908 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Howard Co.Md. popers WIDOWED [ DIVORCED [ Baltimore Co. within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 126. KIND OF BUSINESS OR The law requires that the death certificate be executed warmin give street oddress) during most of working life, even if retired.)
Insurance Broker INDUSTRY signed by the attending physician and completely f burial-transit permit Then please remove carban Garrison, Md. Garrison. Hall& Harrisc 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LAW 15? 13e STREET AND NUMBER 13b. COUNTY Baltio YES [ ] Garrison Garrison. burial, crematian, ar remayal, and in any 14 FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Robert Barker Harrison Srl Virginia Elizabeth White 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes aa ar unknawn) (f yes give war or dates of service)
None Mrs. Dorthy N. Harrison Garrison 212-20-0342 18. CAUSE OF DEATH (Enter only one couse per sine for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ificate has been s far use as the b f Health prior tab 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO Z YES T 3 shauld be detached far use with the State Dept. af Health this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work O FUNERAL DIRECTOR: After attended the deceased from 1445, and that in (my) (ear) apinian death accurred in the date and haur and from the 22a. I certify that (I) (this haspital) attended the deceased fram\_ saw the deceased alive an... causes stated abave, (1) (see) (did not) New the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF r, page 3 be filed DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) directar, g 463 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) 22,1968 St. Thomas Cemetery Garrison Forrest Baltio Md. 25a. REC'D BY REGISTRAR AUG 2 3 30M REV. 1/68

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ol(			11122. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
			CERTIFICATE OF DEATH						
	e de		DECEASED-NAME Firs	st Middle Lost 2o. DATE OF DEATH 2b. HOUR					
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	funeral funeral	<b>/</b> 3	SEX AF GIV	AT ETR ABOUT TO POLY IF LADER 24 HRS.					
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	by the f Pages aurs afte	7	Em ALE.	White MARCH 14, 1880 89 YRS.					
	hau in b rs.	(0	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					
	24 in d in 72	7	FERMAN EN	U.S.A. WIDOWED DIVORCED BALTIMOBE - CO Md					
	rin 24 filled pape rhin 72	10,	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (if not in hosp tol give street oddress) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if settled.) INDUSTRY					
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	be executed within 24 haurs after death and campletely filled in by the funeral exempte carban papers. Pages 1 and 1 in any event, within 72 Laurs after death	odi	mission) STATE	136. COUNTY					
		1 14	FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost					
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	he death certific attending phys permit. Then p ian, ar removal,		1B. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUS	BETWEEN ONSET AND DEATH					
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	ATTENDING PHYSICIAN: The law requires that the death certificate etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physiciay shauld be detached far use as the burial-transit permit. Then pleas vith the State Dept. af Health priar ta burial, crematian, ar removal, and		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
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	ndir bee s th		190. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING					
	The law ra attending has been se as the th priar ta	CERTIFICATION		YES NO CAUSES OF DEATH?					
	E P P P P P P P P P P P P P P P P P P P		21o. ACCIDENT WAS UNDERLY						
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	G PHYSIC the hospit this certification detached e Dept. af	MEDICAL	(If either, notify medical exon	niner) P.M. 19					
	HY be sch	-	21d. INJURY OCCURRED 21 While Not while	e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote					
	te D		at work — at work —						
	Se fe Se		22o. I certify that (I) (t	his haspital) attended the deceased from the last, 1965, to clique, 1900, that (1) (we) last					
	Ped		saw the deceased	alive on Coursel 19 (W), and that in (my) (our) apinion death occurred on the date and hour and from the ver, (I) (we) (did) (did not) view the body after death.					
	OR ATTENT be retained JIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE						
	3.5 × × × × × × × × × × × × × × × × × × ×		ZZD. SIGNATURE	TELECT STAFF 22c. DATE SIGNED					
	DIRE DIRE	,	CO. L. OLOGO COLONIO	DEGREE PHYS. DIRECTOR   PHYS.   1.0 august 1968					
	RAL RAL be f	1	22d. PHYSICIAN'S NAME (Type) // A	TER TIKEES PREADRESS LONGUELLO VULL					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the director, page 3 shauld be defached far use as the burial-transit permit. Then please emore carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 Laurs after the state Dept.								
	age Green	23	D. BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  8-14-1918 Loudenz Park Cem. Balter, Md.					
	5 5 2 2	A	REMOVAL (Specify)						
	VR A15 (1)	7 Z4	FUNERAL DIRECTOR M. COOK-BLOCKS	TOWSON 1050 75 TO ADDRESS TO A RECT 21204 DATE AUG ISTRAR 1988 D. REPOSTARES TOWARD P.					
	DOWN KEN 1303	l, F		DATE NOU 2					

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First M.date Last 20. DATE KNOWN DE Month Dov Yeor 26 HOUR (Type or Print) deloy 1. nd 3 ta ESTI Merrill Richard Heim 1968 Aug. DEATH MATED F .. NDER ) YEAR IF LINDER 24 MRS 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years C. DATE PRONOUNCED DEAD 2d HOUR August Male White July 2, 1913 19 68 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED 9. COUNTY OF DEATH farm Tennsylvania Baltimore U. S. A. WIDOWED [ DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working the even (fretired) NDLSRY
Stock Clerk, Mercantile Safe & Dundalk Collingham Rd. 13e STREET AND NUMBER Deposit Trust Co. .30 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13b COUNTY 1timore Dundalk 7830 W. Collingham Rd. Mary Tand YES NO TO within 24 hours tem tem 14. FATHER'S NAME Middle Ensi Erst Middle First IS MOTHER'S MAIDEN NAME Heim Edna M. Clarence Hess 9 (Wile) ADDRESS Dundalk. Md. pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT word "pending" in pencil the Chief Medical Examigw (Yes, no, or unknown) (If yes give war or dates of service) 195-07-4181 Mrs. Katherine G. Heim, 7830 W. Collingham Rd Yes File 72 APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH be executed .⊑ within 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse should be farwarded to pub PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DERMINAL DISEASE OR CONDITION GIVEN IN PART 1501 O nsed 190. DATE OF OPERATION 95 COND TON FOR WHICH OF FRATION 20 AUTOPSY? WAS PERFORMED? YES [ NO DE þe 21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office-building, etc.) 21f. LOCATION Street or R. F. D. No. County City or Town may be retained for your FUNERAL DIRECTOR: Page AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy .... Inspection X Inquiry X. and in my apinion Homicide | Undetermined manner death resulted fram: Suicide [ Notural causes Accident 372+ Dundalk Ave. CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Aug. 15, 1968 DEPUTY MEDICAL EXAMINER | 124 **EXAMINER'S** Theodore C. Patterson M.D. ADDRESS(Street, city, town, or county) Dundalk. Md. NAME (Type) 230 BUR AL, CREMATION, 23b DATE 8/19/68 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Shoops Cemetery Harrisburg, Dauphin Co. Pa. Burial 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE John J. Duda. 7922 Wise Ave. Dundalk, Md. DATE AUG 19 VR A15ME (5) 1968 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) 025 Month CHARles A 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS YRS 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED country) WIDOWED X DIVORCED [ burial-tronsit permit. Then please remove corbon paper burial, cremotion, or removol, ond in any event, within 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done INDUSTRY Ret 126 KIND OF BUSINESS OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within during most of working life, even if retired.) give street oddress) 130 USUAL RESIDENCE (Where deceased lived if institution: Residence before 13b. COUNTY 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Last Unknown Unknown 16b SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknawn) (If yes give war or dates of service) 213-32-9058 Elmer Horsey, P.O. Box 1/25, Chestertown 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c)).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) signed by the burial-tronsit p Canditians, if any, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause SIVENE asteriose brosch PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been os the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO [ for use 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) State Dept. 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work \_, 1965, to Cleap 25, 1960, that (1) (we) last TO HOSPITAL OR ATTENDIN Poge 4 may be retained by director, page 3 should should be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS 228 ADDRESS 22d. PHYSICIAN S NAME (Type) 1101 Maiden 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (State) (County) REMOVAL (Specify) Spring Hill Cemetery Easton. Maryland 250 REC D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Kirkley Funeral Home, Glen Burnie, Mi. AUG 29 Victoria, Judge 1968 30M REV. 1/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11133 11125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE **b** COUNTY 3 to Poge MARYLAND b CITY OR TOWN ( f outside corporate limits CLENGTH OF STAY IN 16 c EITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) gud write RURA, and give nearest town) odlawn rows d NAME OF HOSPITAL OR INSTITUTION (If not in, hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS YES NO E hours ofter death NAME OF DATE Dov Year DECEASED OF Give 19 68 (Type or print) DEATH 2 Office ofong TE OF BIRTH IF ... NOER 1 YEAR IF UNDER 24 HRS SEX AGE (In years 6 COLOR OR RACE 7 MARR FD NEVER MARR ED (yobide Months Hours within 72 hours ofter death. WIDOWED D VORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Medical Ixaminer's 13 FATHER'S NAME Ballemore 14 MOTHER'S MAIDEN NAME pencil be executed within Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for 16) (b), and (c). burnol-tronsit PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) Word certificate should DUE TO Allo Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse 0.5 lost PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (a) 19 WAS AUTOPSY PERFORMED? or removel. CERTIFICATION NO F þe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port L or Port L of tem 18.) pluods PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotion, 20e PLACE OF INJURY (Home form, (Stote) 20d. INJURY OCCURRED (City or fown) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg , etc.) Not While DIRECTOR: Page nt work of work 21 I certify that I took charge of the remains described above, held on Autopsy Inspect on Inquiry and in my opinion for burial, deoth resulted from Notural kauses 4 Su cide the funerol director. Homic de Undetermined monner be retained CH EF MEDICAL EXAMINER Heolth prior to **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) 250 RECD BY REGISTRAR 24. SUNERAL DIRECTOR ADDR VR A 15ME (5) DATE AUG 2 9 6M 1/67



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after.  Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbin pages. Pages 1 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hoars after the should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hoars after the should be filled with the State Dept.	W	While Not while			2) 21f. LOCATION Street		City or Tawn	County State
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OR ATTENDING PHYSICIAN: be retained by the hospital or	de De De		ot work I ot work I					
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	VR A15 (4)	24	Funeral director Schimunek Fu	neral Home, Inc	• 2Sa	REC'D BY REGISTRAR		SIGNATURE  CAPILLA LANGER
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11136 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR Eirst requires that the death certificate be executed within 24 hours after death hours ofer death ond (Type or print) Month 7/1 Day HOF FMAN d completely filled in by the funeral emove carbon papers. Pages 1 and bay eyant, within 72 hours after deat 68 Year D. N ALBERT NONE 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DAYS last birthday) MONTHS I HOURS Male White 3-5-00 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED F DIVORCED [ Baltimore 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in homital 12b KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) Randallstown Baltimore County Gen. Hear 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIM TS? 13e STREET AND NUMBER admissian) STATE 13b. COUNTY 19 Warren Pk. NO X YES [ ] Baltimore Marya Ind 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle or removal, and in HOFFMAN HOFFMAN LOUIS ESTHER 17. INFORMANT MRS 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address EMMA HOFFMAN (If yes give war or dates of service) Yes, no. or unknown) 214-40-8985 WARREN PARK DR APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) buriol-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying causes buriol PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The fow re Page 4 may be retained by the hospital or attending as the prior to b hos been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO IC be detached for use State Dept. of Health O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work 19.68, ta 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an-\_19 6 %, and that in (my) (aur) apinian death accurred an the date and havr and fram the plnods causes stated abave, (1) (we) (did (did not) view the bady after death. 22b SIGNATURE .22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR director, page should be filed 22e ADDRESS BALTIMORE 22d PHYSICIAN'S COUNTY GENERAL HOSPITAL **JESUS** SANTIANO NAME (Type) 23d LOCATION (City or Town) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION BALTIMORE, MARYLAND ADATH JESHURUN 8-15-68 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE BROS. 30M REV 1/88 1968



MARTIAND STATE DEPAKTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11140 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle Last 2a DATE KNOWNIXT 2b HOUR Manth Day (Type or Print) ESTI-Poge MARY LEE DEATH MATED HOWARD HE JANDER YEAR IE UNDER 24 HRS 4 RACE 6 AGE (in years 3 SEX S DATE OF BIRTH . 2c DATE PRONOLINCED DEAD 2d HOUR lost birthday) PM3 August Pays Year 6/21/1929 168 39 YRS female! white D. Dep 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED XINEVER MARRIED 9 COUNTY OF DEATH Tennessee WIDOWED [7] DIVORCED [ U.S.A. Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY during most of working ite, even if retired)
Housewife Greater Baltimore Medical Towson 13a USUAL RES DENCE (Where deceased i.ved, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? York Road 13b Balltimore HAR I OF TEM Sparks, Maryland Sparks YES NO K haurs 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Last Nile H. Miller Sproles Anna hours . 5 pages ADD RESS 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, gg, ar unknawn) 63-24-9403 Kenneth L. Howard Sparks.Md.21152 No 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Hemorrhagic Pancreatitis DUE TO, OR AS A CONSEQUENCE OF burral-transit Canditians, if any, which gave ase to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause  $\subseteq$ be forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE OR CONDITION GIVEN IN PART T(g) 0 Fatty Alteration of the Liver 20 removal used CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T NO [ ä 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of niury in Part 1 or Part 2, Item 181 3 should PRIMARY OR CONTRIBUTING HOUR A M MEDICAL crematian, CAUSE OF DEATH 21d INJURY OCCURRED 2 of LOCATION Street or R.F.D. Na 21e PLACE OF INJURY (At home, form, street, City or Town County State factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that I taok charge of the remains described above, held an Autopsy XX Inspection . Induity F and in my apinian death resulted fram-Natural causes X. Accident Suicide 1. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER may be re FUNERAL C 22b DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATUR 8/19/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23d LOCAT ON (City or Tawn) 23a. BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (Caunty) (State) EMOVAL (Specify) Burial 8/22/1968 Bel Air Mem. Gardens Bel Air, Harford, Md. 24 FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) Charles E. Kurtz Jarrettsville. Md. 10M REV 1768 21084

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and and in any	14.	FATHER'S NAME First	11 /Mic	ddle Lost	IS. MOTHER'S MAIDEN NAME	Middle Middle	Lost
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SPITAL 4 may JERAL ar, pag id be fil	NAME (Type) VVIII	am Newcomer, M	.D. Mount w	rison, Maryland	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 should should be filed with the	230 BURIAL, CREMATION, 23b	DATE / 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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	of f		MEDICAL	(If either, notify medical exami	er) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	roge 4 may be refained by the hospital of attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician/gard addirector, page 3 should be detached far use as the buriol-transit permit. Then please very should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in ony			21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town County State
N S	ter ter de			22a. I certify that (I) (th	hospital) attended the deceased fram 8/19 , 1968	, ta 8/20 , 1968 , that (1) (we) last
Q.	Id the S			saw the decensed a	ve an 1964, and that in (mv) (our) opinion	death occurred an the date and have and fram the
	To the			22b. SIGNATURE	(i) (we) (did) (did not) view the bady after death.	22c. DATE SIGNED
7 %	# 3 <b>2 E</b> C			Morto	E. Stroke, M.D. DEGREE PHYS. MED. DIRECTOR	OR STAFF S 8/28/68
AL (	o de	- ,		22d. PHYSICIAN'S	22e. ADDRESS	2 P
SPIT	reky or, l	1	Ш	NAME (Type) / NART/		AD, KEISTERSTOWN, M.D.
9	Firect Foul	2	230	BURIAL, CREMATION, 23b.		LOCATION (City or Town) (County) (Stote)
5,	50°A	X.	04	DURIAL	1 1 -	altimore, Maryland SISTRAR 256. REGISTRAR'S SIGNATURE
	VR A15 (1)	88	24	FUNERAL DIRECTOR	ADDRESS AUG . 4107 Wilkens Ave. DATE AUG .	2 2 1968 Licharles Judge
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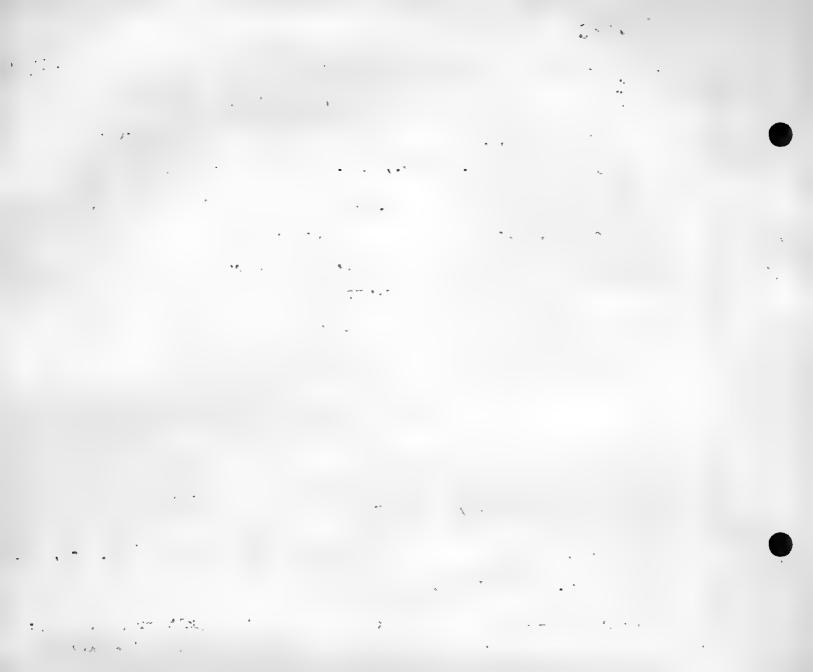




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		11144 - DIVISI		N. PRESTON STREET, BALTIMO IFICATE OF DEATH	URE, MARYLAND 21201	149
	1.0	CEASED-NAME First	Middle		20. DATE OF DEATH	
		ype or print) William	G.	Keefer Sp	Month 8 Day 2	3 Yeor 68 2b. HOUR
v the Luy Poges urs after	3 5	Male 4 RAG	White	5. DATE OF BIRTH 5-17-91		JNDER YEAR IF UNDER 24 HRS.  INTHS DAYS HOURS MIN
in by ers. P		BIRTHPLACE (State or Foreign 7b. CITIZ			COUNTY OF DEATH Baltimore	Md
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G PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or otherding physician.  This certificate has been signed by the attending physician and completely filled in by the furgation detached for use as the burial-transit permit. Then please carbon papers. Pages and the Dept of Health prior to burial, cremation, or removal, and any event, within 72 hours after death	CERTIFICATION	18 CAUSE OF DEATH (Enter only one coupers of DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if any, which gove tise to immed one cause (o), storting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS (Conditions)  19a. DATE OF OPERATION 19b. CONDITION (CONDITIONS)  21b. ACCIDENT WAS UNDERLYING 21b. GOR CONTRIBUTED (CAUSE OF DEATH)	(a) ACUTE MY TO, OR AS A CONSEQUENCE OF (b) APTEM DSCLE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELA IN FOR WHICH OPERATION WAS PERFORMS TIME OF INJURY UR A.M. Month Doy Year	TED TO THE TERMINAL DISEASE OR COND	DIFARCTION  OVASCULAR DISER  OUTION GIVEN IN PART I(a)  206 IF YES, WERE FINDINGS CONSTANTS CAUSES OF DEATH?	SIDERED IN CERTIFYING
OR ATTENDING OR ATTENDING or retained by the IRECTOR: After t a 3 should be do id with the Stote	MEDICAL	Off either natify medical examiner)  21d INJURY OCCURRED White Not while at work  22o. I certify that (I) (this hasping saw the deceased alive on couses stated above, (I) (w.)  22b SIGNATURE  22d PHYSICIANS NAME (Type)  Fau:	Aguing (Aguing)	n AUG - 19 , 1968 , and that in (my) (our) opinio fier death  DEGREE ATTENDING DIRECT	t, to AUS . 23 , 19 6 in death occurred on the dote	State  A, that (I) (we) last and from the SIGNED 168  HOSPITAL
TO HOSPITAL of Page 4 may be to FUNERAL Director, page should be file	23a	BUR AL, CREMATION, 23b. DATE REMOVAL (Specify)		RY OR CREMATORY 2	d LOCAT ON (City or Town)	(Caunty) (State)
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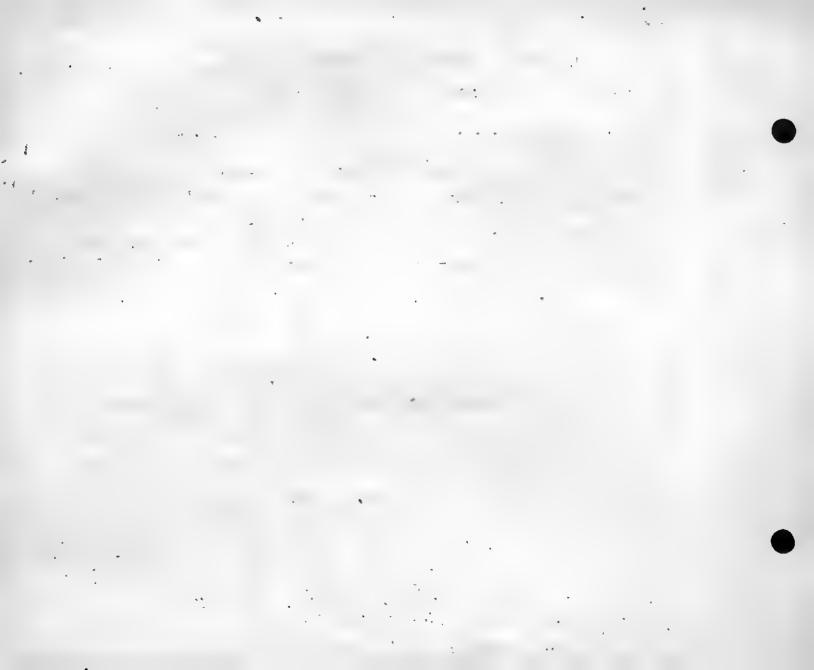
MAKYLAND STATE DEPAKUMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Lost Errst 20 DATE OF OFATH be executed within 24 haurs after death ANDREW FRED KEISECOME (Type or print) Month 8 Yeor 68 Day 6 3. SEX 4. RACE S. DATE OF BIRTH EFTINGER 1 YEAR 6 AGE (In years IF JINDER 24 HRS tost birthday) CAYS M C December 11.1887 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED TO BALTIMORE WIDOWED [7] West Virginia U.S.A. DIVORCED [7] burial, crematian, ar remaval, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 9"ERect odBALTO., MED. CENTER most of working life, even if retired.) TOWSON 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 136. COUNTY YES ⋥ B. Itimore 117 Crowdon Rd 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Andrew W. Keisecome Emma Hensley 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address The law requires that the death certificat Yes, no or unknown) [ []] ves give war or dates of service) Same Mrs. Conrad Inmen APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: SEPTICEMIA IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF DIABETES Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses GANGRENE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NOX 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 23f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) agended the deceased from 7/30, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22C DATE SIGNED ATTENDING AUG. 6th. 1968 DEGREE PHYS 22e. ADDRESS 22d, PHYSIC, AN'S NAME (Type) M.G. LAZARUS, MD. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 8-8-68 Lorraine Baltimore, Md 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home. Inc. 6500 York Rd. 1968 DATE AUG 7 30M REV



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First M.ddle Last 20. DATE OF DEATH and 2 death. within 24 haurs after death. funeral (Type or print) R. Kilchenstein Gertrude S. DATE OF BIRTH 4 RACE IF LINDER 2 YEAR 3. SEX 6. AGE (In years last birthday) ZHTIADIA DAYS HOURS 1-13-1901 Cau Female YRS 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore U.S.A. WIDOWED K DIVORCED [ Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR 135 Lyndale Ave during most of working life, even if retired.) give street oddress) INDUSTRY Overlea (Rual) Housewi burial, cremation, or remayal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 135, COUNTY Baltimore NO [ 135 Lyndale Avenue Overlea 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Magdalene Schaefer Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) Mrs William DeVaughn 135 Lyndale Avenue 36 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per l'ine for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Canditions, if any, which gave ) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Mealth prier to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO IX 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTR BUTING CAUSE OF DEATH Month Day Year f either, notify medica examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e ADDRESS 3105 BELAIR RD U. DUER MOORES 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. DATE (County) 23g BURIAL CREMATION. Holy Redeemer Cemetery Baltimore City 8-19-1968 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Lassahn Funeral Home 7401 Behair Road 21236 DATE AUG 20



	I		DIVISION OF VITAL RECORDS		BALTIMORE, MARYLAND 21201	11152
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hours after death	3. 5!	FEMALE	4 RACE WHITE	s. DATE OF BIRTH 11/24/		F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MAIN.
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requires that the deoth certificate be executed by physician. It is signed by the ottending physician out complete buriol-transit permit. Then please remove cards buriol, cremotion, or removal, and in any event,		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED HAMBOLAT Conditions, if only, which gave inse to immediate couse (a), stating the underlying couse	One couse per line for (o), (b), and (b)  RY  IE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	loug article	releisis	APPROXIMATE INTERVA. BETWEEN DINSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the puriol, creating the purior of	CATION		(c) OTTOMS CONTRIBUTING TO DEATH BUT		ASE OR CONDITION GIVEN IN PART 1(o)  20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
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S PHYSI the hosp this cer detoched	MEC	2.d INBURY OCCURRED 21e F While Not while of work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 21f LOCATION Street or R.		County State
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IN: 1 or are or us		21a ACCIDENT WAS UNDERLY!			21c HO	V INJURY OCCURRED	(Enter natur	e of injury in Part 1 or Pa	rt 2, Item 18.)	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED NAME First Middle 2b. HOUR ond 2 death. within 24 haurs after death (Type or print) 6 AGE (In years lost birthday) 3 SEX 4. RACE IF UNDER 1 YEAR MONTHS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED director, page 3 should be detached far use os the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 to U.S DIVORCED [ Setely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital are street address) 12a USUA, OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR give street oddress) WHOLESALE 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM. TS? 13e STREET AND NUMBER RANDALLSTOWN YES 🗀 9004 ALLENSWOOD ROAD IS. MOTHER'S MAIDEN NAME First Middle Lost physicion sen please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, at unknawn) (If yes give war or dates of service) 2/3-10-5591 MRS. LEANORE KOHLENSTEIN. 9004 ALLENSWOOD RORD 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH 3 monille TOGE 4 may be recovered by the ottending to the buriol-transit permit. lio blastoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 7 // 1968, to 8 -/8 , 1968, that (1) (we) lost saw the deceased alive on 8 - /3 1968, and that it (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on \_ couses stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23g BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BALTIMORE. MARYLAND 8-19-68 BALTIMORE HEBREW **ADDRESS** 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



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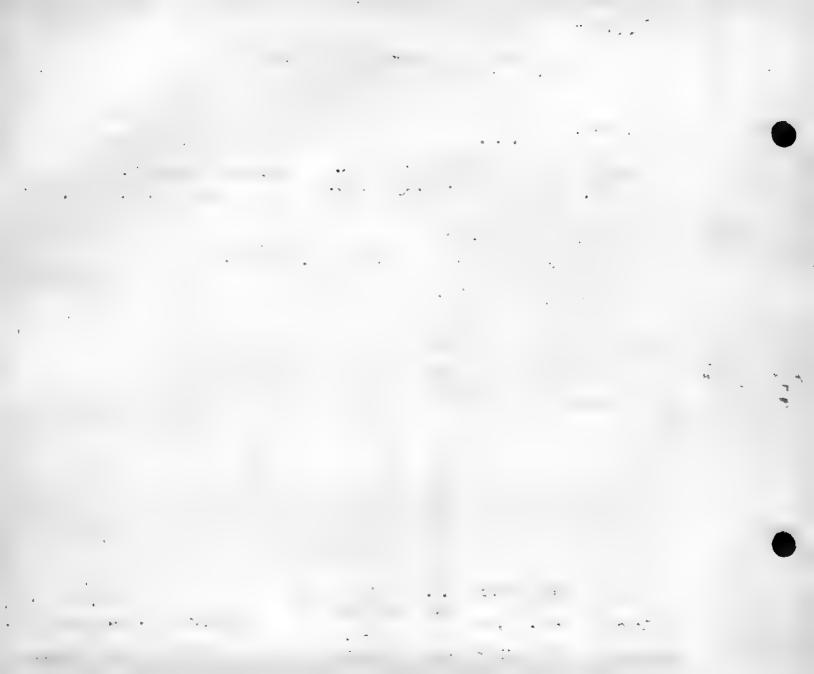
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11757
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. e hospital or ottending physician.  Its certificate has been signed by the attending physician and completely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 77 has differ death.	1. DECEASED-NAME first Middle Lost 20. DATE OF DEATH (Type or print) Margaret B. Lally August 12	Year 2b. HOUR
# # - # - # - # - # - # - # - # - # - #	3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years life	UNDER 1 YEAR   IF UNDER 24 HR
# # # A	Female W 7/2/1897   lost birthdoy) MON	NIHS DAYS HOURS MH
S S S	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 77. 9. COUNTY OF DEATH	
E .S & E	Baltimore Md. U.S.A. WIDOWED DIVORCED Baltimore	
filled poper	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
He was a second	Towson Stella Maris Hospice during most af warking life, even if retired)  Towson Stella Maris Hospice Typist	INDUSTRY
A de le	130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	R <sub>ye</sub>
ecuted with completely by curbon c event, with	odmission) STATE 13b. COUNTY Baltimore YES NO 2021 Bank St.	
ond G	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
be on in c	Michael Lally Mary Kelly	
ond	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Address	
fiffica hysi ool,	Yes, no, or unknown) ("Tyes gave war or dates of service) 212-10-3395-A Hospice Records	
mod der	18 CAUSE OF DEATH (finite only one cause per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath right arm	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Saharacharach Language	72 hrs
atter erm erm	DUE TO, OR AS A CONSEQUENCE OF	Δ Λ
the the corridor tity	Conditions, if any, which gove) as Constant of User Constant	decerte
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ng en to l	= Vria CUA (it)	
e law re tending is been as the prior to	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO 20g. AUTOPSY?  YE	IDERED IN CERTIFYING
in The state of th	YES NO NO CAUSES OF DEATH?	
PHYSICIAN: The law rehe hospital or ottending this certificate has been effected for use as the Bept. of Health prior to	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 3 or Contributing Cause of Death HOUR A.M. Month Day Year	18.)
Partie de la company de la com	(If either, natify medical examiner) P.M. 19	
JING PHYSICI by the hospit (ffer this certif be detached ' State Dept. of		County State
** = = = =	While Not while at wark at wark	0
by frer be Stat	22a. I certify that (I) (this hospital) attended the deceased from 7/29/68, 19, ta 1, 19, saw the deceased alive an 1, 19, and that in (my) (aur) apinian death accurred an the date of	that (I) (we) le
R: A	causes stated above (1) (we) (did) (did nat) view the body after death.	and haur and fram t
Sho CTO string the country of the co	22b. SIGNATURE / 22c. DATI	E SIGNED
OR ATTENDING De retained by the HRECTOR: After E 3 should be d ed with the State	DEGREE PHYS DIRECTOR DIRECTOR PHYS &	
AL D AL C	22d. PHYSICIAN S 22e ADDRESS 0	- /
ERA ERA	NAME (Type) J. JAVID NAGEL 812 Morthugherd Lane	21204
TO HOSPITAL OR ATTENDING Poge 4 may be retained by t O FUNERAL DIRECTOR: After director, poge 3 should be of should be filed with the State		(County) (State)
585 gg	Bremoval (Specify) 8/16/168 New Cathedral Cemetery Baltimore, Md.	
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D' BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE
30M REV 1/68	John H. Moran, Inc. 3000 E. Baltimone St. DATEAUG 19 1968 Holland	A Harry

MARYLAND STATE DEPARTMENT OF HEALTH

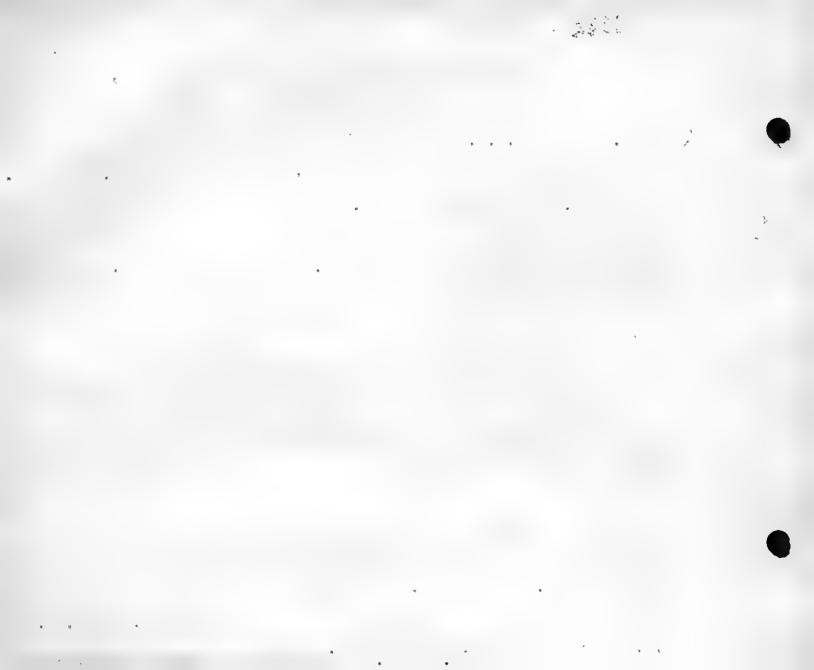




	B.				TATE DEPARTM			
Co.		11152	DIVISION OF VIT	· ·		-	E, MARYLAND 21201	11159
4	1	AP AP AP AP AP		CER	TIFICATE OF	DEATH		77 03
= di		CEASED-NAME First	Donald,	M'ddle Marsd	en . lost La	Mon 20.	DATE OF DEATH	2b. HOUR
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fun fun ler	3. 51	Х	4 RACE		S. DATE OF BIE	RTH	6 AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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fille fille	10 (	ITY OR TOWN OF DEATH	11 NAME C	OF HOSPITAL OR INSTITUT	ION (If not in hospital		UPAT ON (Kind of work done	
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cuted pmplet ve car event,	13e. odm	USUAL RESIDENCE (Where decease ssion) STATE MAG	13b. COUNTY	altimore 13c	Tockdale	AEZ NO 1	3415 Meadow	Dale Rd.21133
× PE	14,	ATHER S NAME First	M ddle	iast	15 MOTHER 5 MA	IDEN NAME First	M ddle	Lost
8 5 9		ROBERT .	Lee La	Mon	/	ANNA	DRAKE	2
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then plaase remove carbon pagers Pages 1 and shauld be filed with the State Dept. af Health prior to burial, cremation, ar removal, and event, within 72 haurs after death		WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn) (11 yes gree we		SOCIAL SECURITY NO. 25-21-973	17. INFORMANT Mrs.	Donald I	Address aMon	
cert Therefore	F	IB. CAUSE OF DEATH (Enter onl	y ane cause per line for	(a), (b), and (c).)	A.P.	1 ,		APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
ne death cer attending p permit. The		PART I DEATH WAS CAUSED		SYTUNAS.	u /K X Or	ulous		menutos
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that an. by rans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF				
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w rading seen the radius	8	7701	//	Low				
AN: The law ratending all or attending icate has been far use as the Health prior ta	CERTIFICATION	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH O	PERATION WAS PERFOR			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
在 in a see		21a. ACCIDENT WAS UNDERLYING	2 John Time of this	any.	YES	NO 🗌		10. 10.
ICIAN: oital o trificat d far d far af Hec	MEDICAL C	OR CONTRIBUTING CAUSE OF GEATH (If either, natify medical examin	HOUR A.M. MI	onth Day Year 19	21c. HOW INJURY OCC	OKKED (Enier notur	e af injury in Part 1 ar Part 2	, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-trasshauld be filed with the State Dept. af Health prior to burial, cre	W	21d INJURY OCCURRED 21e. While Not while of wark	PLACE OF INJURY (AT HI	OME FARM STREET, FACTORY )	21f LOCATION Street	t or R.F.D. No.	City or Town	County State
NG the de	L	22a. I certify that (I) (this	s haspital) attende	ed the deceased for	am	1966,	to 1/2010 1, 1	9, that (I) (we) last
NDI ed bed id bi	L	saw the deceased al	ive on	8/16 19 6	and that in (my	(aur) apinion	death occurred an the c	9, that (I) (we) last late and havr and from the
TI Agin H	П	causes stated abave	(1) (we) (aid) (aid	nat giview the bady	arrer death.		1 224	. DATE SIGNED
OR A DIREC		DA-1 A A	1 Bu	Day M	DEGREE PHYS	G MED DIRECTO	C STAFF C	SITT 68
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• • • • • • • • • • • • • • • • • • • •		FUNERAL DIRECTOR			21133	25a. REC'D BY REG	·	
VR A15 (4) 30M REV 1/68	Lo	ring Byers 872	28 Liberty	Road Randa	allstown	DATE AUG	1-9-1968 yel	carles Judge.



	4 4 4 4		D STATE DEPARTMENT OF		
1/	11152	DIVISION OF VITAL RECORDS,			11160
N. M.			CERTIFICATE OF DEATH		
# 55 #	1. DECEASED NAME Fit (Type or print)		Last	2a. DATE OF DEATH Manth Day	2b HOUR
187 E 5-8		Trnest Freder		August 19	1968 2130°M
aff affi	a. SEX	4 RACE W	s. date of birth 4/15/1891	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MOINTH'S DAYS HOURS MIN
by bo	7a BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
within 24 haurs rely filled in by than rban papers. Pa	rauntry) Md .	U.S.A.	WIDOWED DIVORCED	Baltimore	Md
ampletely filled in ve carbon paper event, within 72	10 CITY OR TOWN OF DEATH	I I NAME OF HOSPITAL OR IN:	STITUTION (If not in haspital 12a U	SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
<b>着 ききょう</b> つ	Baltimore 12	give street address 38	Brandon Rd. T.13	most of working life, even if refired )  Chographer Ame Y LIMITS   13e STREET AND NUMBER	r Bank Stat
etured with campletely to ave carban y event, with	13a LSUAL RESIDENCE (Where dec	eased lived, f institution: Residence before	13c CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e STREET AND NUMBER	A BOALDIE COLLOR
Several CE	admission) STATE Md	Baltimore B	1 to 12	NO ☐ 500 Sunwoo	d Court
execut and cam remave	14. FATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAMI	First Middle	Last
equires that the death certificate be executed by signed by the attending physician and commit of the please remainst crematian, ar remaval, and in any	John	David La	ng Mary		Waltgan
ate	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	21212
hys val.	Yes na, ar unknawn) (If yes gr	215-09-0	201 Mrs. Dona	ld Wright, 206 E	Melrose Ave
and Bernard	1B. CAUSE OF DEATH (Enter	anly one cause per line far (a), (b), and (c)	)	/ '	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce attending p permit. The	PART DEATH WAS CAU	SED BY DIATE CAUSE (a)	mustres dante	see ( he worksyt.	7/8 /hrs
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physicion. physicion. signed by burial-tral	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O		,
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독 를 함 함 수 있다.	THE STATE OF THE S		YES NO	N	
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STEE STEE	🚡 (If either, natify medical exa	miner) P.M. 1			
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ODING by the After 1 f be d State 5 state		this hospital) attended the deceas	ed from 1664-1 10 , 19	Cos 10 Luce 10, 19	(4-3), that (!) (we) tast
Aff d b d b d b e Ss	saw the deceased	this hospital) attended the deceas	945, and that in (my) (our)	apinian death accurred on the d	ate and haur and fram the
OR Stand		ve, (I) (we) (did) (did-net) view the	bady after death.	1 00	Diff. Column
ret ret	22b SIGNATURE	, , , , , , , , , , , , , , , ,	DEGREE PHYS	MED STAFF	DATE SIGNED
D PER	22d. PHYSICIAN'S	fil Allerer 11	DEGREE PHYS  22e ADDRESS	DIRECTOR L PHYS L	all, are 146.9
May Bally be f		r. Frederick J.	Vollmer 6100 Yo	ork Road	* '
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the			CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Page direct shaul	23a BURIAL, CREMATION, 23 REMOVAL (Specify)			Parkville,	1 1/
	24 ELNERAL DIRECTOR	8/22/68 Park	250 REC	D BY REG STRAR 2Sb REGISTRAR	
VR A15 (4) 30M REV 1768,	24 FLNERAL DIRECTOR H.W.Jenkins &	Sons Co. 4905	Jork Rd.		mela Judge
		Balto:12N	Id UAIE	THE COLL OF	The bodge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1115章。 CERTIFICATE OF DEATH Middle DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) LAWRENCE 51013 N 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR buriol transit permit. Then pleose remove carbon popers. Pages I burial, cremation, or removal, ond in ony event, within 72 hours after lost birthday) APR 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR Bo during most of working life, even if retired.) ESSEX give street address)

STEMMERS RUN

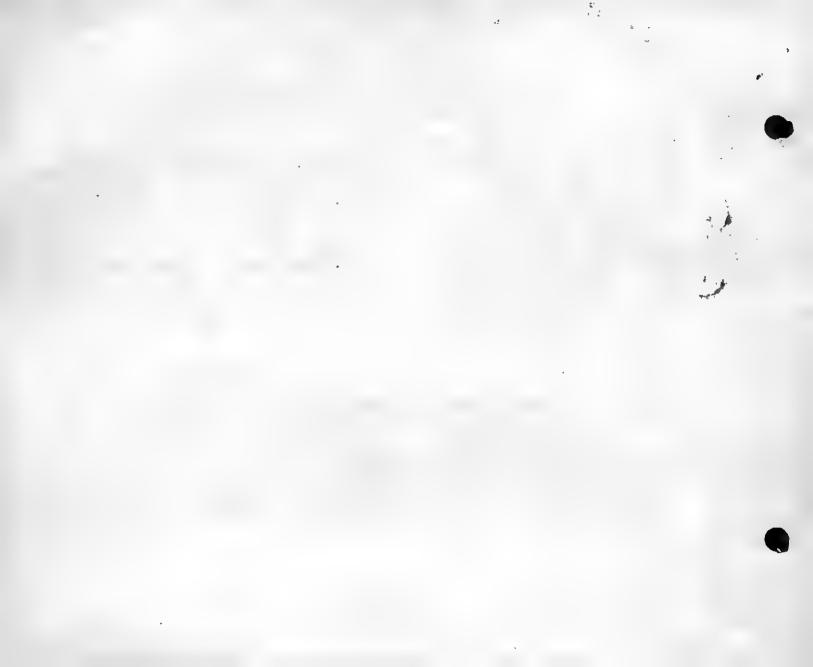
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN **INDUSTRY** 13e. STREET AND NUMBER 13b. COUNTY ESSEX STEMMERS 14 FATHER'S NAME M₁ddle 1S. MOTHER'S MAIDEN NAME First last DGETT SALLIE 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) ABOVE MAE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS (A.SED BYIMMEDIATE CAUSE (a) IRETICULUM CELL SARCOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) (b). rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ( lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ARTERIO SCLEROTIC HEART DISEASE O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? NO P YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above (I) (we) (oid) (did nat) view the bady after death. 22h SIGNATURE ATTENDING PHYS STAFF DIRECTOR 108 S. TAYLOR ALC; ESSEX, NO. 2122 PHYS CIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 24. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR VR A15 (4) DATE AUG 28 30M REV 1/68-300 MACE

MARYLAND STATE DEPARTMENT OF HEALTH



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7. C 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CEASED-NAME First ype or print) Sa	muel	Middle TVI-TT	L	evin	20. D/ 08	ATE OF DEATH Month	200	Year 68	26. HOUR
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II.	4. F.	ATHER'S NAME First Joseph	NMI NMI	Levin	19	MOTHER'S MAIDEN NAM Spph	WE first ia Wo	einberg '	Middle		Last
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L	-	es, no, or unknown) (If yes give		<b>'</b>	Mr	s. Fannie	Levin	#2 Amleh	t Co		T 5
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l		226 SIGNATURE  Taus to G  228. PHYSICIAN S	). A	gund	DEGI	AFTENDING PHYS 220. ADDRESS	MED DIRECTOR	STAFE PHYS	22c	DATE SIGNED	100
		NAME (Type) FAU:		A. AQUI		R afo Bi	ALTO			4EN.	HOSP
		REMOVA (Spec fy)	DATE 125/196	se Hebi	CEMETERY OR	ng Men	Bal	OCATION (City or To	-	(County) Land	(State)
3	30.	uneral director Levinson & E	Bros. 60	110 Reister	stown R	load 250, RE	AUG 2	7 1968 RE	GIFFERE	SIGNATURE	ye.



MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH

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deference .		11157	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET,	, BALTIMORE, MARYLAND 21201	11165
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1000年間第1000円	MEDICAL	(If either, natify medical exa	ominer) P.M.	19		
YSI dasp cer the	累	21d. INJURY OCCURRED   2	TIE. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street or	R.F.D. Na. City or Town	County State
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AL Page		22d. PHYSICIAN'S NAME (Type) \A/311	11.	22e. ADDRESS		
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V	24.	FUNERAL DIRECTOR	ADDR.	SS. 250	REC'D BY REGISTRAR 2Sb REGISTRAT	R'S SIGNATURE
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by your			7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	ITY OF DEATH		
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transplant of the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	23 a	BURIAL, CREMATION, 23b. D		ME OF CEMETERY OF	R CREMATORY		LOCATION (C ty ar Tawn)	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH The second second second 11155 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR-STATE HEALTH DEPT. 1 DECEASED NAME Middle Last 20. DATE KNOWN DO Month Year 2b. HOUR Day (Type or Print) Glen Luttrell ESTI-H. 20. 19 68 Aug. DEATH MATED 4 RACE 6 AGE (in years last birthday) IF LNDER I YEAR IF UNDER 24 HIRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD Sept. 21, 1908 Male White 19 68 MARRIED NEVER MARRIED 70 BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH country) Virginia Baltimore U. S. A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give 34 91 Walford Drive during most of working life, even if retried) INDUSTRY Police Dept. Bethlehem Steel Co. Dundalk 13d INSIDE CITY JIM TSP 13e STREET AND NUMBER 130 JSUAL RES DENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13b. Galtimore 3431 Walford Drive Dundalk YES TO NO EX after puo 14. FATHER'S NAME M.ddle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Luttrell Samuel Mary Nye Lee hours (Wife) ADDRESS Dundalk. Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) 213-09-3345 Mrs. Virginia Luttrell. 3431 Walford Dr. APPROX MATE INTERVAL BEDWEEN ONSET AND DEATH within This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: NUS IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERSINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 196 CONDITION FOR WHICH OPERATION 29. AUTOPSY? 19a DATE OF OPERATION WAS PERFORMED? NO PQ YES 215 TIME OF INJURY Month, Day, Year-21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INLURY (At hame, forth street, 21f LOCATION Street or R F D No. City or Tawn County State foctory, office building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection DC Inquiry X, and in my opinion Undetermined monner Notural couses of Accident deoth resulted from Suicide Homicide 6800 Mornington Rd. CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE August 21. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Dundalk, Md. 21222 Molvin B. Davis ADDRESS(Street city, town, or county) M.D. NAME (Type) 50 230 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial (Spec fy) 8/23/68 Oak Lawn Cemeterv Baltimore, Maryland ADDRESS 24 FUNERAL DIRECTOR 2So RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE John J. Duda. 7922 Wise Ave. Dundalk, Md. VR A15ME (5) / 10M REV 1768





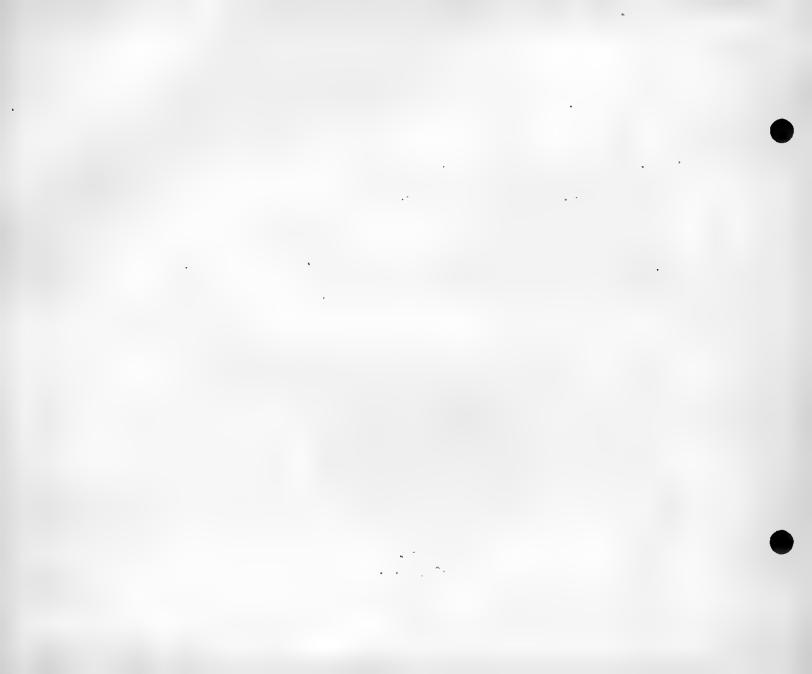
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	1	MAKTLAND STATE DEPARTMENT OF HEALTH  1.1.6. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	It	em2a, FilmG403 8/16MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 0	DECEASED NAME First Middle Lost 20. DATE KNOWN DO Manth Day Year 25 HOUR
2 2 2		HENRY FERDENAND MAESER DEATH MATED Aug. 10 1908 25 m
deloy	3 5	The state of the s
> .0.		Iale White 7-28-1905 63 YRS MONIMS DAYS HOURS MIN MONTAUgust Day 10, Year 1968 M
Pe B		BIRTHPLACE (Stote or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH  1 Maryland U.S.A. W.DOWED DIVORCED Baltimore Md.
Pages Pages with for	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
Give Pages 1, 2 lang with form the State Dep		Arbutus give street address)   during most of working life, even if retired.   INDUSTRY   Rutter & Eggs
frer de Give I lang w lift the	13a.	LSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER
18. of the close o		dmission) STATE Maryland 13b. COUNTY Baltimore Arbutus YES NOX 1233 Greystone Road
hours Office offer of	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
thin 24 incil in miner's pages haurs	160	Henry Ferdinand Maeser   Henrietta Louise Reimenschnieder  WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17. INFORMANT ADDRESS
within pencil xaminel ile page 72 hau		(es, no, or unknown) (If yes give wor or dates of service) 212_07_9716   March April 1
d w Exo Exo In 77		APPROXIMATE INTERVAL
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exe endu Med t pe		4100 DUE TO, OR AS A CONSEQUENCE OF
hief Inef		Conditions, if any, which gave nose to immediate couse (a). (b) /YPCRTENSICE CUDISFASE GYRS
INER: This certificate should be executed within 24 hours after death in certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages fantity the Station, or remayal, and in any event within 72 haurs after death.	1	stating the indediting cause? DUE TO, OR AS A CONSEQUENCE OF
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writi war rwar sed laval	CERT FICATION	19g. DATE OF OPERATION 19b. COND TON FOR WHICH OPERATION 20 AUTOPSY?
bis of the property of the pro	ΞΞ	NONI WAS PERFORMED? VES NO X
4 _ 2	A C	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  PRIMARY OR CONTRIBUTING 1
NER NER shau files.	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f LOCATION Street at R.F.D. Na. City or Town County State
		WHILE AT WORK AT WORK AT WHILE AT WORK
L EXA ecute Page or you R: Paga		22a. I certify that I took charge of the remains described above, held an Autopsy , inspection ,
ICAL For exemple of the CTOI CTOI		deoth resulted from: Natural couses X, Accident, Suicide, Hamicide Undetermined monner
please e: retained		CHIEF MEDICAL EXAMINER
D DEPUTY SICA necessary, please eithe funeral director S may be retained FUNERAL DIRECTOR Health prior to bu		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED 8/12/68
Ssor Ssor		EXAMINER'S NAME (Type)  John N. Snyder  DEPLTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county) 6348 TROPERICK 21228
To DEPUTY SICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	230	NAME (Type) John N. Snyder  ADDRESS(Street, City, town, or county) 6348 TRATHER ICK 1228  BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stot)
F F	100	REMOVAL (Specify) 8-13-1968 Touldon Park Comptons: Paltrimone Manualand
		FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5)	H	oward H. Hubbard 4107 Wilkens Ave 21220 or AIIG 13 1968 VClorles Judge



		TTISE DIVISION	N OF VITAL RECORDS, 301 V	V. PRESTON STREET, B	BALTIMORE, MARYL	AND 21201	11171	
FOR STATE		<b>動 値 値 ひ く・</b>	MEDICAL EXAMI	NER'S CERTIFICA	TE OF DEATH			
HEALTH DEPR		CEASED-NAME First	Middle	los	st	RO DATE KNOWN A	Month Doy Year	25 HOUR
≥ 0 8 ( <b>)</b>	(	ype or Print) PAUL	MICH	IAEL M	AISEL	OF ESTI-	19	M
500	3 S	X 4 RACE	5 DATE OF BIRTH 6	AGE ( n years F UNDER 1 YE		2c DATE PRONOUNCED DE	EAD	2d HOUR
any delay 1s 2, and 3 to PM3. Page	M	ale White	7/12/30	3 YRS MONTHS OF	AYS HOURS MIN.	Month Do August	<sup>9</sup> 21 Yeor 1968	3:30,
P 2 2 0	7o I		75 CIT ZEN OF WHAT COUNTRY?	8. MARRIED NEVEL	R MARRIED 9 COU	NTY OF DEATH		
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death Pages with form	10 0	TY OR TOWN OF DEATH	11 NAME OF HOSP TAL C	OR INSTITUTION (If not in hos	prior 120 USUAL OC	CLPATION (Kind of work	done 12b KIND OF BU	SINESS OR
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ofter 8. Giv along with t	130	USUAL RESIDENCE (Where deceos	sed lived, if institution: Residence be	efore 13c CITY OR TOWN	13d INSIDE CTY LIM TS?	13e. STREET AND NUMBER	1	
2 will dec	01	m ssion) STATE Md.	13b COUNTY Baltimor	e CATONS	YES NO	1005 Fred	erick Road	
INER: This certificate should be executed within 24 hours ofter detertificate, writing the word "pending" in pencil in Item 18. Give should be forwarded to the Chief Medical Examiner's Office along files.  3 should be used as buriol-transit permit. File pages land 2 with the nation, or removal, and in any event within 72 hours after death.	14 F	ATHER S NAME First	Middle L	ost IS MOTHER'S	MAIDEN NAME First	M ddla	Lo	st
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thin 24 noil un nuner's pages hours		VAS DECEASED EVER IN U.S. ARMED F	FORCES? 16b SOCIAL SECURI			ADDRESS		
I within 24 in pencil in Examiner's File pages 7.72 hours	()	es, no, or unknown) (If yes give:	war or dates of service)	7618 CA	RIL Wi	6755		
ed v		18. CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), and				APPROX.MAT BETWEEN ONSE	
nding ' ir Medical i permit.		PART I DEATH WAS CAUSED	D BY ATE CAUSE (o) Arterio	sclerotic car	rdiovascula	r disease		T CAND DIVING
exe indi Me		4129	DUE TO, OR AS A CONSEQUENCE					
be "pe nief nief eve		Conditions, if ony, which gove rise to immediate couse (a).	(5)					
ord ord e Cl ony		stoting the underlying couse (	DUE TO, OR AS A CONSEQUENC	E OF				
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his certil ate, writ e forwal be used	CERTIFICATION						YES X	NO 🗆
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MINER: the certif 4 should or files. e 3 should imation,	MEDICAL	CAUSE OF DEATH	P.M.	19				
	2	2 d INJURY OCCURRED 21e. F	PLACE OF INJURY (At name, form, stre ctory, office building, etc.)	eet, 21f LOCATION SI	treet or R.F.D. No	City or Town	County	Stote
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TY please by, please by, please be retained at the prior to		SIGNATURE	AV. Op	M.D	ASSISTANT MEDICAL EXA		DATE SIGNED	
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TO DEPUTY SICA necessory, please e the funerol director 5 may be retoined to FUNERAL DIRECTOR Health prior to bu	On.	NAME (Type)	DATE	of Chieffy on order	ADDRESS(Street, city, for			
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*	$\mathbb{L} Z$	FUNERAL DIRECTOR	1 × 11 68 DH	DDRESS	250 REC D BY REC	CICTRAD 125h DECK	TRAR'S SIGNATURE	
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MAKYLAND STATE DEPARTMENT OF HEALTH



10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(2)	CERTIFICATE OF DEATH	
1 3 E	TEASED-NAME First Middle Lost 20. DATE OF DEATH Poe or print) Dehlia. N. Malinows Ki Month Doy Year 2 4	HOUR 15 M
the June 20 and	FEMALE S. DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR IF JINDER FEMALE 2-1-09 LOST DIRTHOUS MONTHS DAYS HOURS	24 HRS MIN
4 hours of in by the ers. Pogran 72 hours	IRTHPLACE (State or foreign 176 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH  17) U.S. Va. U.S. WIDOWED   DIVORCED   BALTIMORE	Md.
within 24 hours	TY OR TOWN OF DEATH  11. NAME OF MOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired)  12a USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired)  13b KIND OF BUSINESS (INDUSTRY)	SOR
ecuted to compress y event,	JSUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c (ITY OR TOWN 13d INSIDE CITY JIM 159 13e STREET AND NUMBER 13b COUNTY 13a (14o. 18) 1 Colonial Rd.	
and ce remo	ATHER'S NAME First Middle Swift Is MOTHER'S MAIDEN NAME FIRST BLANCH SWAN	
ertificate b physicion en pleose oval, and i	WAS DECEASED EVER IN L.S. ARMED FORCES? Is, no, or unknown) (If yes give wor or dates of service)  218-07-5105  17 INFORMANT  Address  RRCORDS	
TENDING PHYSICIAN: The low requires that the death certificate be executed ined by the hospital or attending physician.  OR: After this certificate has been signed by the ottending physician and compared by the detached for use as the burial-transit permit. Then please remove confirmed to the state bept. of Health prior to burial, cremation, or removal, and in ony event, the State Dept. of Health prior to burial, cremation, or removal, and in ony event,	APPEXIMATE HITE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  [b]  DUE TO, OR AS A CONSEQUENCE OF  [c]  DUE TO, OR AS A CONSEQUENCE OF  [c]  DUE TO, OR AS A CONSEQUENCE OF  [c]  DUE TO, OR AS A CONSEQUENCE OF	
YSICIAN: The low require tospital or attending physicertificate has been signed that for use as the burial of a fealth prior ta burial or a fealth buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYIN CAUSES OF DEATH?	iG
HYSICIAN: 1 hospital or certificote iched for us ppt. of Healt	216 ACCIDENT WAS UNDERLYING 316 TIME OF INJURY 316 OF INJURY 317 HOUR A.M. Manth Day Year 318 P.M. 19	
DING PHYSIC by the hospii After this certi be detached State Dept. of	While Not while 1 Not while 1 Not work 17	State ve) last
TTENDING ained by t OR: After rould be d	saw the deceased alive on	om the
O HOSPITAL OR ATTENE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should shaud be filed with the	226 S GNATURE)  226 S GNATURE)  DE STAFF  DE STAFF  DE STAFF  DE STAFF  PHYS  DE STAFF  PHYS  DE STAFF  DE	68
TO HOSPITAL OR Page 4 may be in to FUNERAL DIRE director, page 3 should be filled a	22d. PHYSICIAN'S NAME (Typy) Jesus C. Santiano, M.D. 22e ADDRESS Balto., Co. General Hospital, Md.	
TO HOS Page TO FUN direct shaus	Bur AL (REMATION, PREMOVAL (Specify) 8/20/68 Lorraine Park Baltimore, Maryland (Standard Park) Baltimore, Maryland	BJ
30M REV 11 9	Witzke, 4101 Edmondson Ave. 23229  250 REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE  DATE AUG 19 1688 Cliones Surgest	



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Y		11165	DIVISION OF VIT		W. PRESTON STREE		RE, MARYLAND	21201	77 75 of 194 ma	
	D	ECEASED-NAME First		Middle	IFICATE OF DI		DATE OF BEATU		11173	((0))
at a the		'ype or print') GEOF	OCE.			20.	DATE OF DEATH  Month	Doy	Year	HOUR
TA SATE	3. SE		14. RACE	LE0	MALONE  15. DATE OF BIRTH		6 AGE (In	26		5a M
<b>4</b> /12/28	ı	ale	1	cion	Novembe		last hirt	nday)	AONTHS DAYS HOLES	MIN
by Pours			Cauca 75. CITIZEN OF WHAT C				UNITY OF DEATH	8 YRS.		
ed within 24 haurs pletely filled in by carbon papers. Po ent, within 72 haurs	coul	ebanon, Pa.	U.S.A	1,000	RRIED NEVER MARRIED		Baltim	ore		MA
filled rathin 72	10 (	ITY OR TOWN OF DEATH	11 NAME (	E HOSPITAL OR INSTITUTIO	N (if not in hospital	12a USUAL OCC	UPATION (Kind of v	vork done	12b KIND OF BUSINES	S OR
rbor .	12.	Towson	Great	er Balto.Me	ed.Center				Beth.Stee	1 Co
ician and completely filled in by the maetal lease remove carbon papers. Pages L'and and in any event, within 72 haurs after deat	adm.	USUAL RESIDENCE (Where deceose sisting) STATE Md.	13b. COUNTBalt	imore Har		INSIDE CITY LIM 159	508 S.		st. # 2122	4.
# E E	14, 1	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDE			Middle	Lost	
din d	_	Francis	Α.	Malone		Mary		и.	Strainer	
programment before to and i			or or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	Ma Lone	. 6602 B	Address	St.#21224	1
ova	⊨			3-07-3559	March 1ste	marone	: 0023 B	TSHe?	APPROXIMATE INTER	
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	DV.						BETWEEN ONSET AND	DEATH
imi o'		, IMMEDIA	TE CAUSE (a) DITE		hopneumonia	a_with_	_		d	
IECIOK: After this certificate has been signed by the aftendi 3 should be detached for use as the burial-transit permit. With the State Dept. af Health priar ta burial, crematian, or re		(Conditions, if ony, which gave )	DUE TO, OR AS A				empye	na		
signea by m burial-transit burial, crema		rise to immediate cause (a).	(b) IVIETTE DUE TO, OR AS A		inoma of pr	<u>rostate</u>		-		
<u> </u>		stating the underlying cause last.	(c)	CONSEQUENCE OF						
urio		PART 2 OTHER SIGNIFICANT CON		TO DEATH BUT NOT RELA	TED TO THE TERMINAL DE	SEASE OR CONDIT	ION GIVEN IN PART	1(0)		
to b	NO	1	_					.,		
2		19o. DATE OF OPERATION 19b. 0	ONDITION FOR WHICH O	PERATION WAS PERFORM	D 20a. AUTOPSY	?			NSIDERED IN CERTIFYIN	G
를 I	CERTIFICAT				YESX	HO 🗌	CAUSES OF DEATH	YES		
Tec		21 a ACCIDENT WAS UNDERLYING CAUSE OF DEATH		JRY anth Doy Year	21c. HOW INJURY OCCURR	RED (Enter natu	re of injury in Part 1	or Parl 2, Ite	em 18)	
9	MEDICAL	(If either, notify medical examin	er) P.M.	19						
	2	at work at work			21f LOCATION Street or	_	City or Tawn		,	State
Stat		22o. I certify that (I) (thi sow the deceased at	<u>haspital)</u> ottende	d the deceased fra	m8/	[6 1968]	. to8	/26, 19_	68_, that (I) (v	ve) last
the the		sow the deceased at causes stated above	ve on	not) view the body	i, and thot in (my) ( ofter death.	(our) opinion	deoth occurred	on the date	e and hour and tr	am the
ŧ		22b. SIGNATURE		nory view into oddy i				22c D/	ATE SIGNED	
y be		Charles	C. Bro	in, or D.	DEGREE PHYS	MED. DIRECTO	OR STAFF	<b>[X]</b> 8,	/26/68	
shauld be filled v		22d. PHYSICIAN S			22e ADDRESS					
o p			es C. Brow				timore Me			
	23a	BUR AL CREMATION, REMOVE (SOLECULOR )	ATE 29-68.	23c NAME OF CEMETE Sacred	ry or crematory Heart Ceme	etery 7	10 I Germa	n'Hil	Tonky. (2.1	d.
5 11	24	FUNERAL DIRECTORY	6224	Eastern A	70. 250	REC'D BY REG	ISTRAR 25b	REGISTRAR'S SI		
1/68	Ke	harles & Leile	/ Balt	0., 21224	Md. D/	ATE AUG 3	3 0 1968	yella	res Judge	de



	ı		BRUGIAN AF M		STATE DEPARTME			
		11165	DIVISION OF VI		OI W. PRESTON STREEM	*	, MARYLAND 21201	1174
		PEACED NAME FOR		Middle			ATE OF OPENI	26. HOUR 1
f zef		ECEASED-NAME Firs  (ype or print)	1	D	MARRIOT	T 200	ATE OF DEATH Mapph Day	Y 58 10:45
E SEA	3. S		4. RACE	<u> </u>	2 3 16	ŢŲ	6. AGE (In years	F JHDER 1 YEAR IF UNDER 24 HRS
and the state of t	L	F'	W		S DATE OF BIR		lase(shi)thday) YRS.	MONTHS DAYS HOURS MIN
in by ers. P		BIRTHPLACE (Stote or foreign itry) Maryla	7b. CITIZEN OF WHAT		MARRIED NEVER MARR	RECOURT	Baltimore	Md.
ed within 24 hours pletely filled in by carban papers. Pent, within 72 hours		altimore	II NAME	OF HOSPITAL OR INST	TUTION (If not in hospital Gen Hosp	dering mast of w	PATION (Kind of work done arking life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
ed wi		USUAL RESIDENCE (Where deced				Ironed Id INSIDE CITY LANTS?	in Laundry	Laundry Pinemere Rd.
cecuted with to the completely give carban if event, with the carban in	adm	issian) STATE IVId	13b. COUNTY Ba	alto		YES NO 🔀	THE PROPERTY	1 110mol o 1ta
and the party.	14.	TATHER'S NAME First  James A,	Marriott S	Lost To	IS MOTHERS MAIL	den name First g <b>inia Saw</b>	Middle	Lost
ertificate by physician pen please aval, and i		WAS DECEASED EVER IN U.S. AR		b SOCIAL SECURITY NO			Address	אַר מונים
Phy seal	L	v3,113,01 3.11.13		214-03-32	31 Mrs. Mai	ry Nable .	108 Pinemere F	
ne death cei attending p permit. The		18. CAUSE OF DEATH (Enter of	nly ane cause per line t		NICE OLA P.	. Oan la		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
endi mit.		PART I. DEATH WAS CAUS IMMED	ATE CAUSE (a)	LIPLE	DUCMOURP	7 sim a	261	TERMINA
att peri		451	DUE TO, OR AS	CONSEQUENCE OF	· a lange	lower 1	Litaning	de contalle
of the		Conditions, if any, which gave rise to immediate couse (a).	(b)	Romba	is tegs of	, were a	Themities	adjs-weeks
tha tian. 1 by 1 tran tran		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF	0 0 7			
equires physicio signed burial-tr	ı		(E)	C TO DEATH BUT NO	DELATED TO THE VERNING	DISCASS OF SOUNTING	N CHEN NE BART II A	
requestions of the second seco	_	PART 2 OTHER SIGNIFICANT CO	NUSTIONS CONTRIBUTING	G TO DEATH BUT NO	KELATED TO THE TERMINAL	DISEASE OKTONDITIO	N GIVEN IN PART I(0)	
ndir bee s th	101	19a. DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PERI	ORMED 200. AUTOPS	SY?	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The law ratending attending has been se as the th prior ta	CERTIFICATION				YES 🗀	ио 🖂	CAUSES OF DEATH?	
or or after a contract of the		21a. ACCIDENT WAS UNDERLY			21c HOW INJURY OCCU	RRED (Enter nature	of injury in Part I ar Part 2, It	tem IB.)
d first and a firs	MEDICAL	OR CONTRIBUTING CAUSE OF DE	iner) P.M.	Month Day Year				
Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. af Health prior ta burial, crematian, or remayal, and	AR AR		PLACE OF INJURY (AT	HOME FARM, STREET, FACTO FICE BUILDING, ETC.	(RY.) 23f LOCATION Street	or R F D. No.	City or Town	County State
N H C term to the definition of the definition o		22a. I certify that (I) (t	nis haspital), attend	led the deceased	from June	12, 1968,	10 lug 2, 19	しる, that (I) (we) lost te ond haur and from the
R: Af		saw the deceased causes stoted obox	olive an <u>uuuu</u> e. (1) (we) (did) (di	d not) view the b	150md that in (my)	) (aur) apinion d	eath accurred an the dat	te and haur and from the
Short Share	ш	22b, SIGNATURE -		0	<b>S</b>	NEO.		ATE SIGNED
OR be r		on Wenifre	do n.	7gusi	DEGREE PHYS	MED. DIRECTOR	STAFF PHYS.	7-3-68
TO HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After the director, page 3 should be do should be filed with the State		22d. PHYSICIAN'S NAME (Type)		0 .	22e. ADDRI	ESS		
UNE UNE	230	BURIAL (REMATION 236	DATE	23c. NAME OF C	METERY OR CREMATORY	23d.	LOCAT ON (City or Town)	(County) (State)
O Page	200	BURIAL (REMATION, 236	gust 5,68	Loudon	Park em.	В	altimone City	(County) (Stote) Maryland
VR A15 VA	24	FUNERAL DIRECTOR		ADDRESS	22 1	2So. REC D BY REGIS		
30M REV. 1/68	I	oring Byers 87	28 Laberty	Rd. Rand	allstown	DATEAUG 5	1968 RChar	las Inda



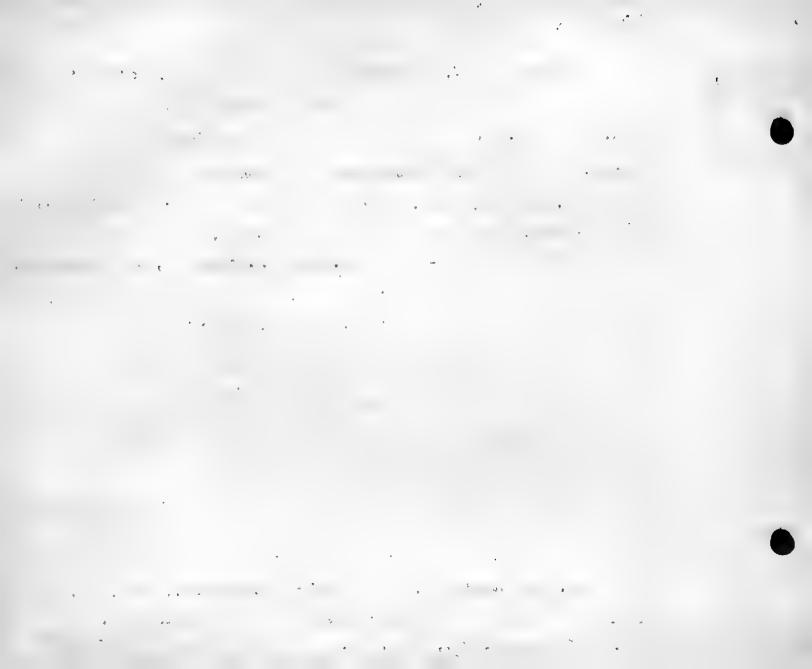
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Eirs† Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or printly Menth **GEORGE** DAVIS 49683:00p M MARTIN 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (in years IF JNOER I YEAR empletely filled in by the registration appers Pages last birthday) MONTHS ! Male Caucasian 1920 August 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED countryGeorgia U.S.A. WIDOWED [ Baltimore DIVORCED [ 12a USUAL OCCUPAT, ON (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) Ceramic Towson Greater Balto, Med. Center 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b COUNTY Baltimore Glendale YES NO 🔀 905 Pemberton Rd. physician and the burial, crematian, ar remayal, and in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Łast Lost Martin Meares Pau1 Α. Leona 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO June A. Martin 905 Pemberton Rd. Yes, margrunt nawn) 245 18 2283 APPROXIMATE INTERVA signed by the attending burial-transit permit. Th 18 CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Malignant melanomatosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the Maspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creased to the context of the context o stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X YES NO [ 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark 220 I certify that (I) (this haspital) attended the deceased fram 8/21, 1968, to 8/21, 1908, that (I) (we) tast saw the deceased alive on 8/2 1968, and that in (my) (aur) apinion deoth occurred on the date and hour and fram the couses stated abave, (1) (we) (did) (did nat) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING 8/22/68 DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS Rubiaer Breitenecker. Greater Baltimore Medical Center NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BUR AL CREMATION, (County) (State) 8/25/1968 Forest Lawn Cemetery Charlotte, N. Carolina 250 REGID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd. 1000 30M REV. 1/68

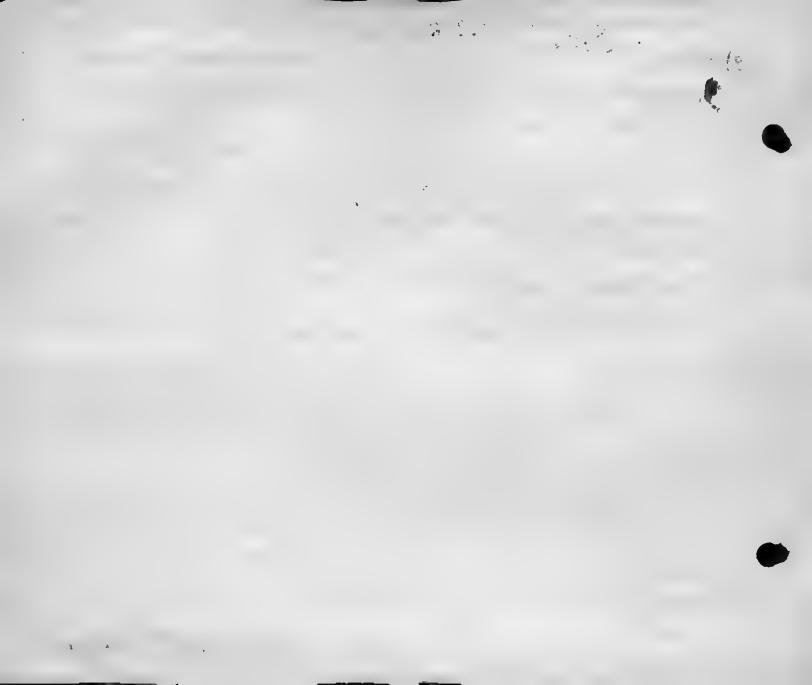


1(4)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
death.	1 DECEASED-NAME first Middle Lost 20. DATE OF DEATH 25 HOUR (Type or print) Martha Watthews 20. DATE OF DEATH Doy Year August 9 1968
24 hours after death ed in by the funeral pers Poles Endon	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years let under 24 MRS.  F W April 8 1885 83 YRS.  6 AGE (In years let under 24 MRS.  MONTHS DAYS HOURS MAN
	70 BIRTHPLACE (Stote or foreign country) Md. 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDDWED 10 DIVORCED MIDDWED 11 MARRIED MIDDWED 12 MARRIED MIDDWED M
ed within 24 pretely filled corbon pape corbon pape	10. CITY OR TOWN OF DEATH  Baltimore  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Summit Name of Hospital OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Housewife  130. USUAL RESIDENCE (Where deceased lived, if institut on, Residence before 13c, CITY OR TOWN 13d, NSIOC CITY (M-157) 13e STREET AND NUMBER
be executed within and completely filling e e emove corbon por	admissian) STATE Ma 139. COUNTY Balto YES NO 244 S. Monastery Ave. 29  14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
I I I I I I I	Stephen Kirby  160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) It yes give wor or dates of service)  17 INFORMANT Address
oth certifica ding physical t. Then plant	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVA. BETWEEN ONSET AND OCATH
law requires that the deoth certificate ading physician. been signed by the ottending physicians the buriol-transit permit. Then pleos for ta buriol, cremation, or removal, am	IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
requires that the physician. In signed by the eburiol-transit a bunol, cremat	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  = 1
The atter hos se as	196. DATE OF OPERATION 196. COND.T.ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH?
rsical aspite certification of of	TOR CONTRIBUTING TAJES OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner)  P.M. 19  21d. M. 197 Of (1995)  21d. M. 1
he h this letoc	While Not while of work at work   Not while with the deceased from   19 c   19
OR ATTENDIN be retained by JIRECTOR: After e 3 should be	22b. SIGNATURE? , ATTENDING MED. STAFF 22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) Dr. Cliff Batlif, Jr.  DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DI
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill	230 BURIAL CREMATION, BUPLED 23t NAME OF CEMETERY OR CREMATORY  8/12/68  Chester Cemetery  Chestertown, Md.
VR A15 Web	24 FINERAL DIRECTOR 250. RECUBRY REGISTRAR 25b. RECUERAR'S SIQUATURE DATE AUG 1 3 1968

ANADVIAND CIAIL DEDADIMENT OF THE



	11169 CERTIFICATE OF DEATH
	1. PLRCE OF DEATH  2. USUAL RESIDENCE (Where deceased layed, it institution; Residence before a county  5. STATE  6. COUNTY
1	b. CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
100	write RURAL and give necrest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RI
	House of PIN'ES MUISING HOLE 924 FRANKLINTAIN Rd VEST
21	3. NAME OF First Middle Last 4. DATE Month Day Yee
Or.	OF DECEMBED DRISY B. MCCCY DEATH 8 - 28 19
2 mm	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER 3 YEAR IF UNDER 3 Months) Days Months Days Mounts
	F. WIDOWED B DIVORCED 6 - 7 - 97 (1985 Dirthdey) Months Days Hours
	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (Caunty & Stete, or fore gn country) 12. CITIZEN OF WHAT Come during most of working life, even if relized)
	DOMETTIC 1.C.
	13. FATHER'S NAME
	META MC CALLISTER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesgive war or detes of service)  RASSIE MC Coy 4911 57 G Force
[-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
İ	PART I DEATH WAS CAUSED BY: ONSET AND I
	IMMEDIATE CAUSE (a) MULTIPLE CAUSE C
	Conditions, if any, which (b) Carcerona Corny
	gave rise to immediate cause
	cause lest.
- {	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS A PERFO
	₹YES □
- 1	208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert , or Pert II of Item 18.)  OR CONTRIBUTING [] CAUSE OF DEATH
	20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County)  Hour e.m. While Not While fectory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 8-13, 1962, to 2, 1962, that (I) (
	saw the deceased alive on 2
	The Attending Med. Staff Phys. G DIRECTOR PHYS. 7/2
	22c. PHYSICIAN'S
	NAME (Type) Wilmer K. Gallager, M.D. 626 9 Frederich Ong Ball. Ind. 2122
	23e. BURIAL, CREMATION , 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (5)
	BURITY 8-31-68 ARBUTUS MEN. PX ARBUTUS. 100 d





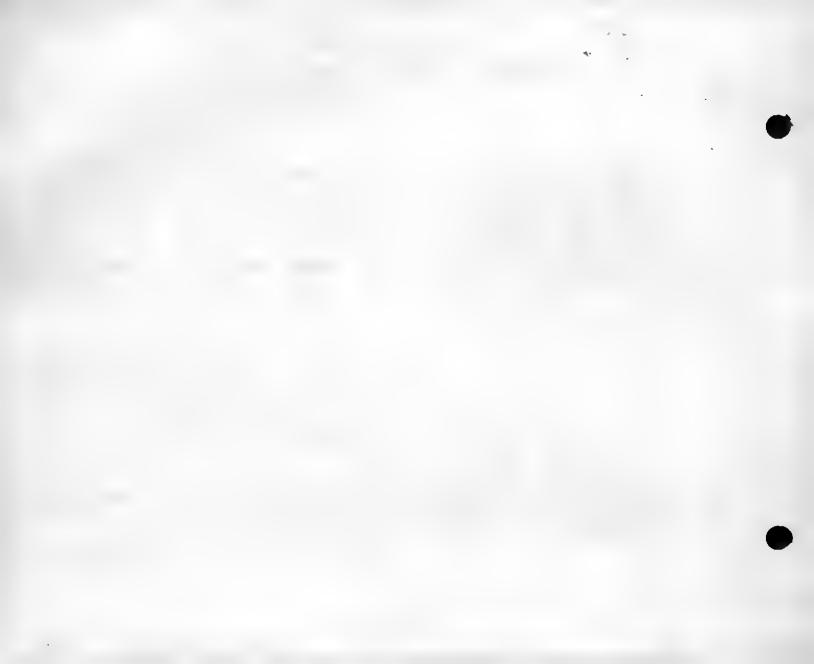
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<b>I</b> ()	MARYLAND STATE DEPARTMENT OF HEALTH
· H	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	11172 Them 23 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	DECEASED NAME First. Middle Lost 20 DATE KNOWN PR Month Day Year 12h HOL
N 0 0 7	(Type or Print) Carl & McMillan Sr. OF ESTI B 22 1968
5 m 5	SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2C, DATE PRONOUNCED DEAD 2d HO.
	M - / //// • / Hours Min Months Day - Year
	3-14-05 103 VIS
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Page at , at	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspect on , Inquiry , and in my opinion
Suri de la companya d	death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner
please edurector durector birector birector birector birector to burector birector b	CHIEF MEDICAL EXAMINER
TY, ple	ACTUAL ACTUAL 20 ACTUAL
EPUTY ssary, funeral ay be INERAL	DEDITY MEDICAL EVANIAGE TO
DEPUTY DICAL E	NAME (Type) Charles F. O'Donnell, I.D. ADDRESS(Street, city, town, or county)
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	30 BURIA., CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
1 1 1	PEMOVA (Specify)
	Burial 8-26-68 Gardens of Faith Balto., Md.  4 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 125b REGISTRARS SIGNATURE
VR A15ME (5)	
10M REV. 1/68	Leonard J. Ruck, Inc., 5305 Harford Rd. DATE AUG 2 3 1968 Chorles Junge
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A STATE OF THE STA		イナルウム	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		11182
/		丁丁罗 0 36		CERTIFICATE OF DEATH	1	
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<b>□ ( ) : : : : : : : : : : : : : : : : : :</b>			or dates of service)	and more	Addiess	-,,,,/
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aff per jan,		340 X	DUE TO, OR AS A CONSEQUENCE O	F '		
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ar us		216 ACCIDENT WAS UNDERLYING			nter nature of injury in Port 1 or Port 2	, Item 18.)
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OR ATTENDING PHYSICIAL be ratained by the haspital DIRECTOR: After this certific ge 3 should be detached for led with the State Dept. of H	MED.	21d MURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM STREET I	ACTORY ) 21f LOCATION Street or R.F.D.	Na City or Fown	County State
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ON:		saw the deceased ali	ve an (i) (a) (did nat) view the	19 6 d, and that in (my) (vor)	apinian death actorred on the c	late and haur and from the
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L OR be r be r be r lied w		nos nuveldante	- Messor ()	111/3	DIRECTOR L PHYS L	
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\$	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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Dept. of	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of work	
be d	220. I certify that (I) (this hespital) attended the deceased from	ast
ould the	causes stated abave, (I) (we) (&d) (did nat) yiew the bady after death.	ne
a 3 sh ed with	22b. SIGNATURE  ATTENDING  MED  STAFF  PHYS  DIRECTOR  PHYS  22c DATE SIGNED  23c DATE SIGNED	
TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	226 PHYSICIANS NAME (Type) COSEPH R. LIBERTO W) 7508 BANK ST - Bullo 24 213	-
director, page 3 should should be filed with the	BURIAL CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	=
VR A15 (4)	REMOVAL (Specify) 8-17-68 PARKWOOD CEM. BACTO. M.D. FILMERA DIRECTOR 250 MERCES SMATTER	_
M REV 1788	Hartly Ille - 2334 offeron 18. DATE	_



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED-NAME First Middle 2a DATE KNOWN X Year (Type or Print) Meninger Sr. 1968 J. Leonard Aug. Page DEATH MATED 6 AGE (In years 3 SEX 4 RACE S DATE OF BIRTH IF UNDER I YEAR F UNDER 24 HRS. 2r. DATE PRONOLINCED DEAD Jan. 23, 1893 Male White 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED MINEVER MARRIED 9 COUNTY OF DEATH country) Maryland Baltimore U. S. A. DIVORCED [ WIDOWED [ 10 CITY OR TOWN OF DEATH II NAME OF HOSPITA, OR INSTITUT ON (if not in hospital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR duting most of working life, even if retired ) INDUSTRY Parkville Cappenter - Contracting Work 22 Harris 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR YOWN 13d INSIDE CITY LIMITS 13b COUNTY Baltimore 6701 North Point Road Edgemere in pencil in Item 18. YES NO DE Office be executed within 24 hours 15 MOTHER'S MAIDEN NAME Last 14. FATHER'S NAME Florence William Meninger Gross Chief Medical Examiner's ADDRESS Edgemere. Md. 17. INFORMANT (WILE) 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (Yes, no, or unknown) 216-10-3142A Mrs. Mary C. Meninger, 6701 North Pt. Rd. Elle APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH pending PART I. DEATH WAS CAUSED BY IMMCDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove 3 rise ta immediate cause (a). please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 9 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0) 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗀 210 EXTERNAL CAUSE WAS 21b. TiME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY TOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ...... Inspection K. Inquiry K. and in my op nian death resulted fram. Natural causes X Undetermined monner Accident . Suicide 🗍 Hamicide Baltimore. Md. CHIEF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE. Aug. 8, 1968 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** may John C. Hyle ADDRESS(Street, city, town, or county) 7527 Belair Rd. NAME (Type) 230 BUR AL, CREMAT ON Gardens of Faith Cemetery 23d .OCATION (City or Jown) (County) Maryland 24 FUNERAL DIRECTOR **ADDRESS** 25a REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATUR John J. Duda. 7922 Wise Ave. Dundalk, Md. VR A15ME (5) 10M REV 1 68



				D STATE DEPARTMENT OF		
, /		DI'	VISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 2	1201
		11187.		CERTIFICATE OF DEATI	1	11185
4 _ 2,		EASED NAME - Eirst	Middle	Lost	2a. DATE OF DEATH	Day Year 2b HOUR
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ifficate hysiac al, al	160. Ye:	WAS DECEASED EVER IN D.S. ARMED I s, na, or unknown) (If yes give wer or d	FORCES? 16b. SOCIAL SECURITY 16thes of service 220-48-839		nell (Nephew	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and tompletely filled in by the Cineral director, page 3 should be detached far use as the burial-transit permit. Then please tomove carban papers. Pages that should be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after dental.		PART 1. DEATH WAS CAUSED BY:	ne cause per line for (a), (b), and (c)	8158 Loch	Raven Blvd. 1	OWBOI ZAPPENIME HITERVAL BETWEEN ONSET AND DEATH
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SICI Spita spita p	ă	If either, notify medical exominer)	P.M.	9		
	٥	While Nat while at work		CTORY,) 21f. LOCATION Street or R.F.D.		County State
DING 1 by t After 1 be c		22a. I certify that (1) (this h	aspital attended the deceas	ed from Jacy // , 1	966, to Hrigway apinian death occurred a	3, 1968, that (I) (we) last n the date and hour and from the
TIEN ginec OR: naulc h the		causes stated abave, (I)	) (we) (did) (did nat) view the	bady after death.	/	
OR ATTENDING be retained by the IRECTOR: After the 3 should be do		22b. SIGNATURE Lawy	his Hames	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED  Aug. 9. 1968
Page 4 may be retained by the haspital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnai-transhauld be filed with the State Dept. af Health priar to burial, cre-		22d. PHYSICIAN'S NAME (Type) JAMSI	HTD HAMED	M D 22e. ADDRESS 204 E.		rson Md. 21204
fosi Jae 4 CUNE ecta aulid	23a	RUPIAL OPERATION 23h DATE	23c, NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or To	
<b>5 6 7 9 9 9 1 1 1 1 1 1 1 1 1 1</b>	B	以外生使生 <sup>rfy)</sup> Aug.		ngton National		on Va.
VR A15 (4) 30M REV 1/68	24. F	uneral director ENRY SANDER &	SONS.INC.Bal		UG 12 1968	College Andre

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11179 CERTIFICATE OF DEATH 1. DECEASED NAME First M.ddle Lost 2a DATE OF DEATH 2b. HOUR death. (Type or print) Month NELLIE 1968 40PM MILEY August 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS HOURS Female White 1-20-1885 YRS. 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH within 24 hau 8. MARRIED [ ] NEVER MARRIED [ country) WIDOWED 3 DIVORCED | fetely filled i U.S.A. Maryland Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during indist of working life (even if retired) **INDUSTRY** St. Joseph Hospital Towson 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before L B 13c CITY OR TOWN 13e. STREET AND NUMBER 3d INSIDE CITY JIMITS? requires that the death certificate befexecuted 186 COUNTY YES 🗔 NO [ 3602 Harford Rd., -21218 please remave Maryland Baltimore and in any 14. FATHER S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Vace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar anknawn) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 5-12-4468 Mrs. by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DISST AND DEATH PART I. DEATH WAS CAUSED BY: Massive acute myocardial infarction IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cholecystitis use as the latter alth prior to b by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar atte CAUSES OF DEATH? YES P NO 🗔 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Įo. DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached 21d INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that 🗖 (this haspital) attended the deceased fram\_ 8-18-, 1968 , to 8-21- , 1968 , that (A) (we) last and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c, DATE SIGNED ATTENDING MED. DIRECTOR 8/22/68 X DEGREE director, page shauld be filed 22e ADDRESS 22d. PHYSICIAN'S Cilliani/ NAME (Type) M.D. Ines 7620 York Rd., Towson Nd. 21204 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BMOYAL (Specify) Loudon Park (emetery Baltimore. 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Inc. Balto. Md. 21214 30M REV



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	11130	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARILAND 21201	11188
er death. funeral 1 and 2 ter death.	1 DECEASED-NAME First	NIE LORETTA	MILLAR	2a. DATE OF DEATH 8 Manth 2 Da	2b. HOUR 14 3
24 hours after death.	3. SEX FEMALE	4 RACE	S. DATE OF BIRTH	6, AGE (In years less birthday) VRS.	IF UNDER YEAR OF UNDER 24 HRS. MIGHTHS OAYS HOURS MIN.
hour 4	7a BIRTHPLACE (State or foreign country) Md.	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md.
within 2 by fille bon pa	10. CITY OR TOWN OF DEATH TOWSON		STATUTION (If not in hospital 12a USU during m	At OCCUPATION (Kind of work done lost of working life, even if retired.)  At Home	12b KIND OF BUSINESS OR
cuted v	13a USUAL RESIDENCE (Where deceased and usual resident state and deceased and decea	ed lived, if institution: Residence before	13c, CITY OR TOWN 13d. MISIOE CITY I	13e STREET AND NUMBER 2903 2nd.	-Ave.
be execute and cange e remove	14 FATHER'S NAME FIRST STE	PHE Middle MC/Troy Last	is. Mother's maiden name i Mary Whit	First Middle	Last
ertificate be physician o pen please	160 WAS DECEASED EVER IN U.S. ARA Yes, na, ar unknawn)   (If yes give w	IED FORCES? ar or deles of service) None		Address	
equires that the death c physician. signed by the attending burial-transit permit. The	18. CAUSE OF DEATH (Enter on PARY I. DEATH WAS CAUSE! IMMEDIA (Conditions, if any, which gave) nise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COMPARE	y ane cause per line for (a), (b), and (a) BY TE CAUSE (a) RESPTT  DUE TO, OR AS A CONSEQUENCE O  (b) CARCIN  DUE TO, OR AS A CONSEQUENCE O  (c)  DUITIONS CONTRIBUTING TO DEATH BUT	ORY FAILURE OMA OF THE LUNG  NOT RELATED TO THE TERMINAL DISEASE OR	WITH METASTA:  CONDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS	
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOL: After this certificate has been signed by director, page 3 should be detached far use as the burial-trans, should be filed with the State Dept. af Health priar to burial, cre-	OR CONTRIBUTING CAUSE OF OFAT (If either, natify medical examin 21d. INJURY OCCURRED While at work  22a. I certify that (I) (th saw the deceased a causes stated above 22b. SIGNATURE  22d. PHYSICIAN S	HOUR A.M. Manth Day Year P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FOR HARM, FARM, STREET, FOR HARM, FARM, STREET, FOR HARM, FARM, STREET, FOR HARM, FO	sed from and that in (my) (aur) ap bady after death.  DEGREE PHYS 22e. ADDRESS CRIMC	inian death accurred an the d	Caunty State
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	23g. BURIAL, (REMATION, REMOVAL (Specify) 8 /	DATE 23c NAME O 5/68 More	CEMETERY OR CREMATORY		
OR ALL AL	24. FUNERAL DIRECTOR	ADDRES		BY REGISTRAR 2Sb REGISTRAR 1968 CC	Carley Judge

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2n. DATE OF DEATH 2b. HOUR Month 29 Doy (Type or print) 68<sup>eqr</sup> 8:15pM =Joseph MILLER Sr. Anthony burial-transit permit. Then please remave carbon papers. Pages M burial, cremation, ar removal, and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF WINDER 1 YEAR IF JINDER 24 HRS. lost birthdoy) MONTHS OAYS HOURS Cau Male July 11.1885 24 hours 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TENEVER MARRIED COUNTRY Lithuania Baltimore Lithuania WIDOWED | DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of work ng life, even if retired ) with give street address) INDUSTRY Baltimore campletely Greater Balto, Med. Center 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 3d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland 186 COUNTY NO Baltimore 5727 Cedonia Ave 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Joseph Miller physician a nen please Unknown 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. or unknown) I (If yes give war or dates of service) 218-32-1229 Nellie App Miller Same attending p APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral confluent bronchopneumonia DUF TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) Metastatic carcinoma of the colon rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗔 YES 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from 8/29 , 19 68 , to 8/29 , 19 60 , 1001 (I) (we) lost care the deceased give an 8/29 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22h, SIGNATURE ATTENDING STAFF Dearn, M.D. DEGREE 8/30/68 PHYS DIRECTOR PHYS 22e, ADDRESS 22d PHYSICIAN S NAME (Type) Charles C. Brown, M.D. 6701 N. Charles Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Baltimore, Maryland 9/3/68 Holy Redeemer 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Leonard J Ruck Inc Baltimore, Maryland ocharle 1968 30M REV 1/88 DATESEP



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First ate he executed within 24 hours after death Month (Type or print) MILLER MADALENE NMN 68 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR IF LNDER 24 HRS 3. SEX last birthdoy) 67 Female Cau June 24, 1901 signed by the ottending physici<del>an and</del> completely filled in by <sup>15</sup> burial-tronsit permit. Then please remove corban popers. Pag burial, cremotian, or removol, and in ony event, within 72 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8. MARRIED MEVER MARRIED Baltimore, Md. completely filled in WIDOWED TO DIVORCED [ U. S. A. **Baltimore** 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give streed oddress)
Greater Balto, Med. Center Ret. Packer INDUSTRY Baltimore Genl Chemical 13a USUAL RESIDENCE (Where deceased lived it institution: Residence before 13c, CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland V COUNTY YES 😿 NO F Baltimore 1410 Locust Street 25. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last First Harry Hoffman Marv Parks 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) Mrs Eileen Langville 1410 Locust Street 215-12-1853 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o)

Carcinoma of bladder and lung with signed by the ottendir burial-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF Cand tions, if any, which gave ) (b) Liver metastasis rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burral-transpould be filed with the State Dept. of Health priar to burial, are stating the underlying cause (c) Lung metastasis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES X NO [ 21o, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. Stote 21d INIURY OCCURRED City or Town County While Not while at work 22a. 1 certify that (I) (this haspital) attended the deceased from 8/14, 19 68, ta 8/27/, 19 68, that (I) (we) last saw the deceased alive on 8/27, 19 68 and that in (my) (aur) apinian death occurred on the date and haur and from the couses stated above, (i) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED, DIRECTOR 8/28/68 22d, PHYSICIAN'S 22e. ADDRESS Charles C. Brown, M.D. 6701 N. Charles Street NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g BURIAL, CREMATION 23b. DATE Co. Md Ritchie Highway A. A. REMOVAL (Specify)
Burial Cedar Hill 8/30/68 ADDRESS FUNERAL DIRECTOR Patapscos Ave. 21225 DATE 30M REV. 1/68



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	IAN: The law requires that the death certificate be executed within 24 hours after death tol ar attending physician.  ficate has been signed by the attending physician and campletely filled in by the funeral far use as the burial-transit permit. Then please enove carbon patters regist 1 and 2 far use to burial, cremation, ar removal, and in the event, within 72 hauss offer death	CERTIFICATION	190 DATE OF OPERATION	IAB' COUDITION	FUK WHICH O	PERATION WAS PER	FUKMED	20c. AUTOPSY YES 🎑		CAUSES OF DE	iere findings (i ath?	DINSIDEKED IN C	EKIITIING
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	Page 4 may to Funeral director, page should be fi	22-		23b DATE		23c. NAME OF C				LOCATION (City		(County)	(Stote)
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	E-E ////	24.	FUNERAL DIRECTOR	0/0/	00	Bowen ADDRESS	Cemete	ry 1/1/23	SOURICIDAT REG		b. REGISTRAR'S	SIGNATURE	
	30M REV 168	1	John A. More	in, Inc.	3000	E. Bal	timore	St. D	ATE AUG 6	1968	goles	when Ja	spe.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN [34] (Type or Print) John. Gordon. Mitchell In. 168 Page 3 IF UNDER 24 HRS. 4 RACE 6 AGE (n years IF JNDER YEAR 3 SEX 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR Male White 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH Baltimore WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give treet podernus Road Lienstolyerung Teershil retred **NDUSTRY** Reisterstown 13a. USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c, CITY OR TOWN 13d INSIDE CITY , M.TS? 13e STREET AND NUMBER Balto. 34 8635 Rock Oak Road odmission) STATE /// 13b COUNTY YES PC NO 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle John Mitchell Virginia hours poges 4 should be forwarded to the Chief Medical Examiner 17 INFORMANT Pinginia Mitchell 941 N. Calvert St. Balt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? File 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2hr 45 min Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Irem 18.) PRIMARY TO OR CONTRIBUTING Deceased drowned in Liberty Reservoir cremotion, Aug. 18,68 CAUSE OF DEATH 21f. LOCATION Street or R F D No County 21e PLACE OF INJURY (At home form, street City or Town Stote Deer Park Rd. Bridge Reisterstown Balto. Md. Nicodemus Rd. 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 , Inquiry 🔀 , and in my apinion death resulted fram: Natural causes . Accident . Suicide X. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED REBUTY MERCATSAMUE SEOWN. Md. 8-20-68 **EXAMINER'S** Caples, M. D. 6 Hanover 5 moy 70 FUNE Health ADDRESS(Street, city town or county) NAME (Type) 230, BUR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCAJION (City or Town) (County) (Stote) Baltimore, Md. 2So. REC D BY REG STRAR 25b REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR William E. Johnson 8521 Lockraven Blvd. VR A15ME (5) 10M REV. 1/68

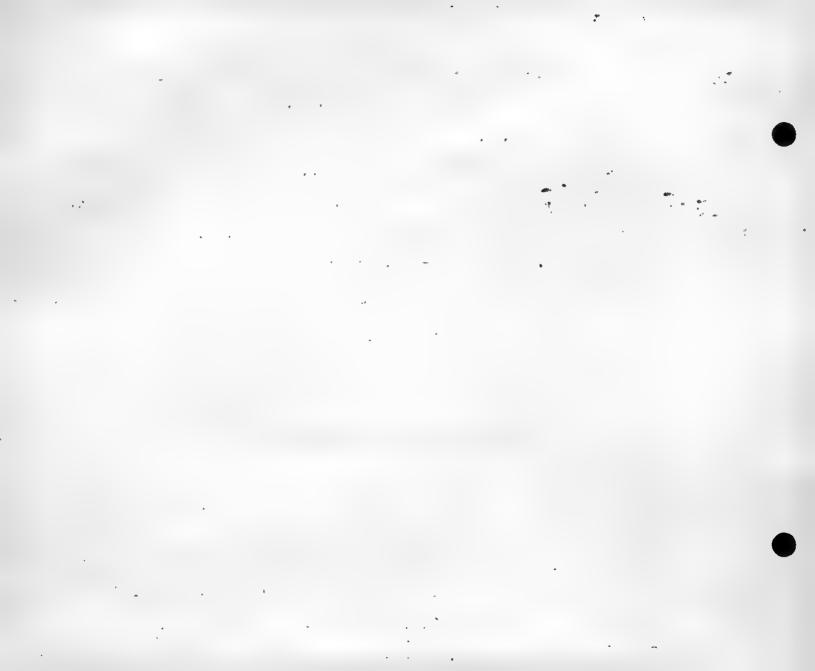
MAKTLAND STATE DEPARTMENT OF HEALTH

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v requires that the ng physician. en signed by the he buriol-transit it butiol, cremati		×	stating the underlying causast.  PART 2 OTHER SIGNIFICANT	(c)		RELATED TO	The Terminal Disease or	CONDITION GIVE	I IN PART 1(a)		
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PHYSICIAN: The law rather her haspital or ottending this certificate has been latached for use as the 3 Dept af Health prior to		₹	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF I (If either, notify medical exc 21d. INJURY OCCURRED 2	HOUR A.M Iminer) P.M.	Month Day Year		V INJURY OCCURRED (Ente		y in Port I or Part	2, Item 18.) County	State
			22a.   certify that (1)	(this haspital) atte	ended the deceases	from P	ATION Street or R.F.D. No.	δδ_, tα_Α		19. 68 , that i	(I) (we) last
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TO HOSPITAL Poge 4 moy TO FUNERAL director, pog	R	É	REMOVA (Specify)	16, DATE 18/17/1968			emetery	Fre		(County) Maryland	(State)
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ı		e or print)	ames	Walter	Mod	re	August 1	OY 1968
4.0.1	3. SEX		4 RACE		S.	DATE OF BIRTH	6. AGE (In years	MUNDER 1 YEAR OF JINDER 24 HRS.
L		male		white	A	ug. 21, 188		
	76. BIR countr	THPLACE (State or foreign		OF WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED DIVORCED	9 COUNTY OF DEATH Baltimore	M
i		OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN	ISTITUTION (If not	n hospital 12o USU	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ļ		tonsville	1,6 1 +6	SPRING GROV			alesman	
	ido U: admissi	STATE Md.	376 COL		Balto	l vec 🗀 u	136 STREET AND NUMBER 201 S. Wick	cham Rd.
ŀ	14. FA1	HER'S NAME First	Mı	ddle Lost		NOTHER'S MAIDEN NAME		Lost
I		DAMES	w	MOORE		ROSE	ANN DAU	15
ſ		AS DECEASED EVER IN U.S. AR no, or unknown) (If yes give	was or dates of ser	9(e) han on onl		ORMANT CODE	Address CO A TOP A	ODT #43
ŀ	-	NO 1	VON	E 122-03-73		ords: SPRIN	IG GROVE STATE HO	APPROXIMATE INTERVA.
ı	- 1	B. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUST)	nly one couse ED BY.	1)	1.)			BETWEEN ONSET AND DEATH
ı		IMMED	IATE CAUSE (o		sur-	-		10.85 Kg
ı	- 10	onditions if any, which gove		), OR AS A CONSEQUENCE OF	ni.			i lana
ı	n	se to immediate couse (a), oting the underlying couse	( )	), OR AS A CONSEQUENCE OF				- Acro
ı		st.	1	c)				
ı	F	ART 2 OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DEATH BUT I	IOT RELATED TO I	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
ı	8 4	122,						
ı	CERTIFICATION	o. DATE OF OPERATION 196	. CONDITION F	OR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ı		o ACCIDENT WAS UNDERLYI	INC TOTAL	TIME OF INJURY	las, uou	YES NO	er noture of injury in Part 1 or Part 2	103
	3 1	OR CONTRIBUTING CAUSE OF DE	ATH HOUR	A.M. Month Day Year		HOURT OCCURRED (ENTE	er noture of injury in Pon 1 of Pol 2	r, Hem 10.)
l		either, notify medical examined.d. INJURY OCCURRED 21e	niner)   e. PLACE OF IN		NETORY ) 21f. LOCA	TION Street or R.F.D. No	city or Town	County State
	V	While Not while work		OFFICE BUILDING, ETC.	/			
ı	2	2a I certify that (事(t	his haspita	) attended the deceas	ed from	une 14_, 19_	68 , to Duy 16 , 1	9_68, that (I) (we) la:
l		saw the deceased	alive an	(did) (did nat) view the	19 <u>66</u> , and i	hat in (my) (aur) ap	unian death accurred an the c	date and hour ond from th
l	2	2b. SIGNATURE	·e, (1) (we)	(did) (did fidi) view file	bady affer de			C DATE SIGNED
ı	1	as a Die	,	an mi	DEGREE	ATTENDING D	MED. DIRECTOR D STAFF D \	7 aug 63
١	2	2d. PHYSICIAN'S	^ ^	10			ING GROVE STATE	HOSPITAL
	_	NAME (TYPE)	FIJE	·UK	MI		timore, Maryland	
	230 8	CHOULE IT SEA	DATE	Attack of	CEMETERY OR CE		23d LOCATION (City or Yown)	(County) (State)
ŀ	_<	INERAL DIRECTOR C. L.	<u>7-20</u>	TO NE PA LADDRES	YE VI	三の REC'D J	BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
ı	2	E STE SENA	mid	12101 Aug	Derich	CENT DATE AU	G 19 1968 jou	orles Judge



	1			D STATE DEPAK			
		11189	DIVISION OF VITAL RECORDS,		•	JRE, MARYLAND 21201	1110W
- Salar	_			CERTIFICATE O	)F DEATH		11197
€ -Z€		ECEASEO-NAME First	Middle	Last	20	o. DATE OF DEATH	2b. HOUR
death and death	'	ype or print) MERV	IN JOHAST	ON MOR	RGAN	AUGUST 4.	1905 155AM
	3. S	X	4. RACE	S DATE O		A AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
\$ (## E		M	W.	6	5-1-15	lost birthdoy) 53 YRS.	MONTHS DAYS MOURS MIN.
- B - B - B - B - B - B - B - B - B - B	70.	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER	MAKKIEV	OUNTY OF DEATH	
d in pers	£QUI	14/a.	USA.	WIDOWED D	IVORCED 🗍 📙	Baltimore Count	Md.
The law requires that the death certificate be executed within 24 haurs after death attending physician.  has been signed by the attending physician and campletely filled in the the foneral isse as the bural-transit permit. Then please the propers carban papers (Park 1) and 2 th prior to burial, crematian, ar removal, and in any event, within 72 hours after death	M	ITY OR TOWN OF DEATH t. Wilson	11 NAME OF HOSPITAL OR IN: Over street address)  Mt. Wilson S	tate Hospi	tal 12a. USUAL OC	CCUPATION (Kind of work done if working life, even if retired.)	125 KIND OF BUSINESS OR INCUSTRY SETUICA
completely ove carbor will	13a	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER	
in a contract of the contract	Cum	ission) STATE MA.	136. COUNTY CE214	NORTHEAS	T YES NO	15 E. THOMA	SAYE
ogad co	14,	ATHER S NAME First	Middle Lost		S MAIOEN NAME First	Middle	lost
2 0 2	L	7-RAN	K MORGAN	1		BEL	HOPPER
hysicia n pled		WAS DECEASED EVER IN J.S. ARN (es, no or unknown) (If yes give w				ilson State Hos	
The Dig P		18. CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (c)	)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce attending permit. Th an, ar rem		PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c), 8Y: TE CAUSE (a)	ARY EM	PHYSEN	1A	YEARS
offer offer of of of	1	470X	DUE TO, OR AS A CONSEQUENCE OF	L	<del></del>		
the the		Conditions, if any, which gave )					
hat n. ans em		rise to immediate couse (a), ( stoting the underlying cause)	(b)				
SS T icia icia icia icia icia icia icia ici	L	lost.	(c)				
the law requires that the attending physician. has been signed by the eas the bural-transit physicial, crematic		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONDI	ITION GIVEN IN PART 1(o)	
on S and D a	-						
ndir bee ior 1	100	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. A	AUTOPSY?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The law ratending attending has been ie as the h priarta	CERTIFICATION			YES	NO 🗆	CAUSES OF DEATH?	
N: J ar ar soft		21g. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY	OCCURRED (Enter not	ture of injury in Part 1 or Port 2, I	tern 18.)
C C C C C C C C C C C C C C C C C C C	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		1			
Page 4 may be retained by the hospital ar attending physician.  10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the bural-transit permit. Then poshould be filed with the State Dept. of Health priar ta burial, crematian, ar removal,	MEC	21d. INJURY OCCURRED 21e. While Not while at wark of wark	PLACE OF INJURY (AT HOME FARM, STREET, FAI		Street or R.F.D. No.	City or Town	County State
a f f e e e e e e e e e e e e e e e e e		at wark of wark		160/0/ 2	77 107.57	** ***********************************	2. C. Ab-a (IV ( V I
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ATTENDING estained by th CTOR: After ti should be de		couses stated above	s haspital) attended the deceasive an 14 (1,1,1,2,2,7,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	body after death.	(m)/ (doi) opinio	ii deaiii deconea an iiie aa	e and had ond naming
A parties		22b SIGNATURE				22c. (	DATE SIGNED
OR ATTENE De retained DIRECTOR: A le 3 should ed with the	L	1//6	ewomen	DEGREE PHYS			8-4-68
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be file		22d. PHYSICIAN'S NAME (Type) Willia	m Newcomer, M	.D. 22e.	address ount Wilson	n State Hospita	al
OSP 4 4 INE	22-			CEMETERY OR CREMATOR		3d LOCATION (City or Town)	
P. B.	230	BURIAL, CREMATION, 23b, REMOVAL (Specify)	-7-18 Man 4	CEMETERS OR CREMATOR	usell.	No. H. East	(County), (State)
5-5 %	24	FUNERAL DIRECTOR	ADORESS	150×21	2So. REC'O BY RE	EGISTRAR 2Sb REG STRAR'S	SIGNATURE
VR A15 (4) 30M REV. 1/68	1	+ could	. ( would 1/2 +	& End 1	DATE AUG		may Judge
	()-	MINI FUNCAGI	TUMP NON	1 1-42/1/3/2	3 -1 PULL 1190	4 10 pt p	



Marine 1		MAKTEAND STATE DEPARTMENT OF HEALTH  # # A N DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I. D	ECEASED-NAME First Middle Lost 20 DATE KNOWN TO Month Day Year 12h HOLLE
2 6 0 5	(	(ype or Print) E/12160Th MARIE MORRIS DEATH MATED - Clary 27 19619AN
<u> </u>	3 S	4 RACE S DATE OF BIRTH 6 AGE (in years if Under 1 YEAR if Under 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
P SE LE		JUNE 17,1913 55 YRS
Depar	7o coun	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
far far far		17d. USA, WIDOWED 13AT / HORE ME
ve Poges y with far the State		11) NAME OF HOSPITAL OR INSTITUTION (If not in hospital DE USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mosty of working life, even prefired) INDUSTRY
	_	USUAL RES DENCE (Where deceased lived, it institution Residence before 13c CITY OR TOWN 13d HSIOT CITY UNINTS? 13e. STREET AND NUMBER
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H theurs of the softer of softer of the soft	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
2 E S 8 S + -	1/	SOW FORCHER MARY E.  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS  es, no or unknown) (Hyes give wor or dates of service) 222-01-8308 Les/le Morris 104 Morris 104 Morris 1
ecuted withing" in perdical Exoremit. File		18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b) and (c) )
xecuted nding" ii Medicaf permit. It w thir		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Albansalhtent Deseron
be exemple in the pending the		Conditions, if any, which gove )  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove )  The state of the state
d by d by Chie fran y ev		rise to immediate couse (o).
should be to word "pe to whe Chief or the Chief buriof-transit in ony even		stoting the underlying cause OUE 10, OK AS A CONSEQUENCE OF
This certificate should be executed tote, writing the word "pending" in be forwarded to the Chief Medical I be used os a buriof-transit permit. I be used on a nony event within or removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE PERMINAL D. SEASE OR CONDITION SEVEN IN PART 1500
us certificate te, writing the forwarded to be used as a breenoval, and	22	Party Senelety Chronic Brain Lyndian
certification of write or wait used mova	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?  WAS PERFORMED?
his orte, re fo	RTIFI	YES NO
INER: This he certificate should be files. 3 should be other, or re		216 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 216 HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Hem 18.)
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M 19 21d. NJURY OCCURRED 21e PLACE OF NLURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
至在4 ドッド		WHILE AT WORK AT WORK   AT WORK   AT WORK   AT WORK   AT WORK
111 = 87 *		22a   certify that I took charge of the remains described above, held an Autapsy   Inspection   Inquiry   ond in my apinion
		death resulted from: Natural causes Accidents , Suicide , Homicide , Undetermined manner
pleose e pleose e I director retained L DIRECT ior to bu		CHIEF MEDICAL EXAMINER
A A A A A A A A A A A A A A A A A A A		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
O DEPUT: necessary, p the funerol of may be re O FUNERAL Health prior		EXAMINER'S / J Ne/Sen Me KBY DEPLTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
the the Heck	230	BURIA. (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 5 T. Page 23d LOCATION (City or Town) (County) (Stole)
	24	FUNERAL DIRECTOR / ADDRESS / 250 REC'D BY REG STRAR 250 REGISTRAR'S SIGNATURE OF THE PROPERTY
VR ATSME (5)	É	B. Wac Walt 301 Tresperet Rd # 28 DATE AUG 30 1968 Actionles Judge
10M REV 1/68	L	Back Well



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) Month Morse #4148 Peter 72 hours ofter 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE ( n years 1E UNDER 1 YEAR IF JINDER 24 HRS last birthday) MONTHS DAYS HOURS 2-22-43 White Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED TO (vetruo) WIDOWED [7] DIVORCED [7] Mississippi Baltimore within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY physicion and completely en please remove corbon Owines Mills Rosewood buriol, cremotion, or removol, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odm ssmar Viand 21617 Guern Anne's Centreville YES NO 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First O. Fleet Morse Barbara Brawner 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c)) BETWEEN ONST AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR signed by the o bursol-transit ps Canditions, if any, which gave ) rise to immediate cause (c), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or offending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190, DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? NO 🗔 YES -23a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from..... \_\_\_\_ to\_ . 19\_\_\_\_\_, that (I) (we) lost sow the deceared alive on , and that in (my) (our) opinion death occurred on the date and hour and from the couses, stored obove, (i) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATEM 22c. DATE SIGNED MED DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Carroll County General Hospital Richard Jones 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CKEMATION 23b DATE (State) (County) . ALTIMORE EEN MOUNT 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 DATE SEP 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11192 11200 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 25. HOUR 1. DECEASED-NAME First diath Manth 8 (Type or print) MARGARET DORIS MULLIKIN 12Yeo 68 3 SEX 4 RACE 5. DATE OF BIRTH FUNDER I YEAR IF UNDER 24 HRS 6 AGE (In years Off I last\_bigthday) MONTHS Famala White 6-12-1913 burial-Itansit mermit. Then please remave carban papers. Pagl burial, cremation, ar removal, and in any event, within 72 haurs al be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) BALTIMORE filled in Md. TISA WIDOWED K DIVORCED [77] 10 CITY OR TOWN OF DEATH 21204 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY GOV, t. during most of working life, even if retired)
Civil Service give street address) BALTIMORE 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e, STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b COUNTY 6634 Loch Hill YES [ Balto. 12 IS. MOTHER'S MAIDEN NAME First Middle Middle 14. FATHER S NAME First Arthur E. Roden Leona Wortman physician 16b. SOCIAL SECURITY NO. Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ce Printing Yes, no, or unknown) 216-01-2708Mrs. Patricia Walton 221 Brandon Rd attending physical Then p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSCOUNT OF THE DESCRIPTION OF AS A CONSCOUNT OF THE PROPERTY signed by the burial-transit Canditians, if any, which gave: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF ADENOCARCINOMA OF UTERUS Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept, of Health prior to l 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? ио Ж YES 🗀 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M Month Day Year CAUSE OF DEATH (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D No. State City or Town County While Nat while at work 22a I certify that (I) (this/haspital) attempted the deceased from and that in (my) (aur) apinian death accurred an the date and havr and fram the saw the deceased alive an.... causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE 8/12/68 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) **GBMC** E. MACFARLANE M.d. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) (County) 230 BURIAL, CREMATION Burial Balto. Md. 8-15-68 Pikesville Druid Ridge H.W. Jenkins & Sons Co.4905 York Rd., Balto AUG 13 24 FUNERAL DIRECTOR 30M REV. 068



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1 DECEASED NAME 2a DATE KNOWN Month Doy 2b HOUR (Type or Print) MMA DEATH MATED 6 AGE (In years 4 RACE 2c. DATE PRONOUNCED DEAD 2d HOUR 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED TO DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) alang 1 13a USUAL RES DENCE (Where deceased I ved, if institution. Residence before 13c CITY OR TOWN 13d NS DE CITY JIM IS? 13e STREET AND NUMBER .36 COUNTY G BAUBLITZRD NWINGS MILLS YES NO W l and 2 Office 14 FATHER'S NAME Middle First Examiner's pages haurs pencel 17 INFORMANT **ADDRESS** should be executed within .⊆ APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
PART I DEATH WAS CAUSED BY shauld be forwarded to the Chief Medica. BETWEEN ONSET AND DEATH permit IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause or removal, and certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? ficate, YES 🔲 pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: P.M. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCATION: Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🖳 Inquiry 7 and in my opinion Notural couses Accident . Suicide deoth resulted from Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may 70 FUNE Health LOCATION (City or Town VR A15ME [5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution; Residence before admission) a. COUNTY b. COUNTY Baltimore a. STATE Baltimore MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) carbon papers. Pag Spanks Danks = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Rocky Hill Road Rocky Hill Road ND C YES executed within NAME DE First Middle DATE Month DECEASED event, 1 Miningen (Type or print) August Anna Moude DEATH 19 6. CDLDR OR RACE SEX еточе 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) | Months | last any Days Hours WIDOWED [ DIVORCED IDa, USUAL OCCUPATION (Give kind of work done i 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT death certificate be during most of working life, even If retired) INDUSTRY **COUNTRY?** Housewile Own Home anada 13. FATHER'S NAME MOTHER'S MAIDEN NAME Walter Frederick Lawrence Mary Emma Souires 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Family records None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL DETWEEN ONSET AND DEATH -transi PART 1. DEATH WAS CAUSED BY: tai attending physician. IMMEDIATE CAUSE (a Jins s been s the buriar c DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONFAIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO this certetached fo 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED TEnter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY/flome, farm, 2Df. (City or town) (Dounty) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 701 that (I) (well last 21. I certify that (I) (this hospital attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the dafe stated above— 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. TO HOSPITAL D Page 4 may b TO FUNERAL DI M.D. DIRECTOR PHYS. HYSTCIAN'S 22d. -ADDRESS director, p NAME (Type 23a. BURIAL, CREMATION, 23b. 23c. / NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Marukand. emetenu parrs. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRÉSS lowson, VR A15 (4)



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7		4440	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	11205
/		11197		CERTIFICATE OF DEATH		
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	(	ype ar print)	IRENCE S.	MIKAN L	August Month Day	Year 115 A. M
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ate icia leos an (	160.	WAS DECEASED EVER IN U.S. ARA es, na, ar unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURIT		Address	
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Tor late		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (Enter nati	ire of injury in Port 1 or Port 2, Item	n 18.)
2 発達者	MEDICAL	(If either, natify medical examin	ner) P.M.	19		
HYS hos s ce sche sept.	E	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME, FARM, STREET, DEFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street at R.F.D. No.	City or Town	County State
the Plant of the P						
by Stot		22a. I certify that (1) (th	is haspital) attended the deced	ised fram 12 - 2 - 1967 1962, and that in (my) (aur) apiniar e bady after death.	, to 8-28, 196	조, that (I) (we) last
R: A		saw the deceased a	live an S = 2 2	=17.6-26, and that in (my) (aur) apiniar e hadv after death.	death accurred an the date	and haur and tram the
A Figure 1 September 1 Septemb		22b. SIGNATURE	,, (i) (we) tolay (eld hall) view in		22c. DAT	E SIGNED
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AL D		22d. PHYSICIAN'S		22e. ADDRESS		
ERA ERA		NAME (Type) Dr. (	Cesar V. Cavero	8629 Li	berty Road, Rand	allstown, Md.
Page 4 may be retained by the hospital or attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and samplerely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	23a	BURIAL, CREMATION, 23b.				County) (Stale)
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1			MARYLAND STATE DEPARTMENT OF HEALTH	
2	1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0 %
4	·		11199 CERTIFICATE OF DEATH	207
	<u></u> ≟ 2- ≟		DECEASED NAME First M.ddle Last 20. DATE OF DEATH	2b HOUR
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	e death certificate by attending physician permit. Then please an, ar remavol, and i	160	WAS DECEASED EVED IN 11S ADMED SODESS TAK SOCIAL SECURITY NO. 17 INFORMANT Address	
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	by frer be Stat	L	22a. I certify that (I) (this haspital) attended the deceased from 1963, the sow the deceased dive on 1963, and that in my) (our) opinion death accurred an the date and hou	of (1) (we) last
_	R: A	L	sow the deceosed alive on	ir and from the
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L OR Al be reto DIRECTOR DIREC		226 SIGNATURE Alvin High	DEGREE ATTENDING PHYS.  22e ADDRESS	MED. DIRECTOR D STAFF D 22.5.5	Att SIGNED O
SPITA 4 moy NERAL tor, pould be fid be fined to the fident		NAME (Type) State 1 PE	RPONT, M.O 8204 LI	PEPTY PA-AALTO	
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VR A15 (4) 30M REV 1/48	24.	FUNERAL DIRECTOR BY-21-5778 XI-b	ARDRESS COCCE DATE	Bry Gegistra 1968 256. Relitions	STIGNATURE.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1209 11201 CERTIFICATE OF DEATH 1. DECEASED NAME First M-ddle Lost 20. DATE OF DEATH deoth (Type or print) Month signed by the ottending by the for ond completely filled in by the fur burial-transit permit. Then please remove carbon popers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after a requires that the death certificate) be executed within 24 hours after 3. SEX S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF JINDER 24 HRS lost birthday) MONTHS HOURS May 10,1891 White Female YRS. 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) USA WIDOWED X DIVORCED Baltimore aryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired ) Nursing Home Catonsville -130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 186 COUNTY L7 S.Wickham Road YES K B\_ltimore 14 FATHER'S NAME 15. MOTHERS MA DEN NAME First Middle First Middle Last Lost Grace Patrick Allen B.Carr 16b SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Smithbreave Yes, no, or unknown) 220-46-7351 Edward S. Peddicord. Ellicott City.14. 21043 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **YUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🔲 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 276 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day 'If either, natify medical examiner) P.M 21e PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County State White Nat while at work 22a. I certify that (1) (this haspital) opended the deceased from 19, and , and that in (my) (our) opinion deoth occurred on the dote and hour and from the causes stoted obave, (1) (we) (did not) view the bady ofter death. 22b SIGNATURE STAFF DEGREE DIRECTOR 220- PHYSICIAN'S 22e. ADDRESS 230 BJRIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2 Good Shepherd Ellicott City Noward 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 0 Higiabothom-Slack Funeral Home, I 1968 DATE AUG 5

MARYLAND STATE DEPARTMENT OF HEALTH



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,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11210
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	3 SE	X 4 RACE S. DATE OF BIRTH 6. AGE (In years 1	FUNDER 1 YEAR   IF UNDER 24 HRS.
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has be the		21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town	County State
a the second	ш	While Not while at work A towark	
TENDING fined by the OR: After i		22a. I certify that (I) (this hospital) attended the deceased from FEB 18, 19.67, to AVG. 4, 19.6 saw the deceased alive an AVG. 3.19.68, and that in (my) (our) apinian death accurred an the date	8 , that (1) (we) iast
ND ad the Sea		saw the deceased alive an AVG 3 1968, and that in (my) (auc) apinian death accurred an the date	and haur and from the
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AI AI Pac		22d. PHYSICIAN'S NAME (Type) Dr. Robont M. Gonfa	, ,
A T T T T T T T T T T T T T T T T T T T		Dr. Monert W. darrs 12 C. Eager 50.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be file!	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town)	(County) (State)
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CERTIFICATION				YES 🔀	NO 🗀	CAUSES OF DEATH?	40.	-	
	210 ACCIDENT WAS UNDER			21c. HOW INJURY OCCUR		ure of injury in Port 1 c			
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	of work of work					APIG	10	38	(1) ( ) )
	220. I certify that (I) saw the deceases	(this hospital) often	ided the deceosed	68 and that in (my)	(our) opinior	n death accurred o	n the dat	e and hour o	(I) (We) las
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	22b. SIGNATURE	DIL	TI	ATTENDING	☐ MED	STAFF C		ATE SIGNED	
	as I puszcielinie	MAIA	Male	DEGREE PHYS.	DIRECT	TOR PHYS. L	기 8.	-10-68	
	22d PHYSICIAN'S NAME (Type) Dr.	R. BRE	ITNECHER.	7 220 ADDRE		CHARLES :	ST		
230	BURIAL CREMATION. 2	3b, DATE		ETERY OR CREMATORY		ld. ±OCATION (City or To	own)	(County)	, (Stote)
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24.	FUNERAL DIRECTOR	1 (	ADDRESS	2.	So REC'D BY RE		GISTRAR S	SIGNATURE	lae.
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MARYLAND STATE DEPARTMENT OF HEALTH



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		11205	DIVISION		301 W. PRESTON STRI CERTIFICATE OF (		, MARYLAND 21201	21213	
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al o la far Hec			EATH HOUR A	.M. Month Day Year		rken (enter nature	of injury in Port 1 or Port 2,	Hem 15.j	
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UNI DIST	2		b DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (Si	tote)
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		MAKILAND STATE DEPARTMENT OF HEALTH	
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4 6 1 8 E		22d. PHYSICIAN'S 22e. ADDRESS	
PITAL OI moy be RAL DIR r, page I be filed		NAME (Type) Dr. Cesar J. Pellerano 2436 Washington Blvd., Balto., Md.	_
HOSP age 4 reference to the function of the fu	22	BUR.AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	234	BURYA (Specify) 8-28-1968 Glen Haven Cemetery GlenBurnie, Maryland	
2 2 7			_
VR A15 (4)	24. T	oward H Hubbard 4107 Wilkens Ave. 21229   AllG 9 8 1969 (Claude, Onder	pi.
30M REV. 1/68	III.	DATE AUG 2 8 1000	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11207 11215 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 25 HOUR TO executed within 24 hours after death Month 26 (Type or print) 68<sup>Year</sup> Bessie N. Prestianni 8 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR TE UNDER 24 HRS last birthday) HOURS White August 14, 1891 Female 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country) Italy taluwidowed A Baltimore DIVORCED [ completely filled ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life oven if retired)
Housewaye corbon INDUSTRY Towson St. Joseph 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 136. INSIDE CITY EIMITS? 4103 Granite Ave. admission) STATE Marvland 136 COUNTY 21206 Baltimore YEST NO FT 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Last Bonsionore Nancu 16b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, erunknown) (If yes give war or dates of service) Prestianni 5915 212-16-241 Nunzio APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)
Arterioscl BETWEEN ORSET AND DEAT law requires that the death Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Diabetis Mellitus signed by the burial-transit p Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending os the O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO K 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram August 21, 19 68, to August 2619 68, that (1) (we) last saw the deceased alive an August 26 1968, and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (4) (we) (did) (44.44) view the bady after death 22c DATE SIGNED 8-26-68 22b SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. Jul asc MM VO DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S 7620 York Rd. 21204 NAME (Type) Camilo Tomboc. M.D. director, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d, LOCAT ON (City or Town) 23a. BURIAL, CREMATION, (Stote) (County) Holy Redeemer REMOVAL (Specify) Baltimore, Maryland 250 RECT BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 PAINERAL DIRECTOR Ruck Inc Baltimore, Maryland AUG 30M REV. 1/68

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Male Negro 7/30/93 75 VRS    Negro   New Address   Negro   Negro	R IF UNDER 24 HRS. TS HOURS M.N.  Md. OF BUSINESS OR TO Transit
(Type ar print) ROBERT ANDREW REED August Month 140y 199  3. SEX  4. RACE  Negro  7/30/93  August Month 140y 199  6. AGE (In years lost birthdoy) YRS  FUNDER TY  MONTHS D  70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	A H UNDER 24 HRS. TYS HOURS M.N.  Md. OF BUSINESS OR Transit
Male  Negro  Neg	Md. OF BUSINESS OR Transit
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To Birthplace (Store or foreign country)   To CHIZEN OF WHAT COUNTRY?   S. MARRIED   S. NEVER MARRIED   DIVORCED   DIVO	of BUSINESS OR
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14. FATHER'S NAME   First   Middle   Lost   Is MOTHER'S MAIDEN NAME First   Middle   Robert Reed   Pauline Garrett    Robert Reed   Pauline Garrett    16d. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17. INFORMANT   Address    Yes, no, or unknown)   (If yes give war or dates of service)   216 0.9 73 95   Clinical Reds VA Hospital, Fort How    18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))    PART I DEATH WAS CAUSED BY   LOST   LOST   LOST    IMMEDIATE CAUSE (a)   CARCINOMATOSIS    DUE 10, or AS A CONSEQUENCE OF    (b) ADENOCARCINOMA OF URINARY BLADDER    (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?    YES NO   CAUSES OF DEATH    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?    YES NO   CAUSES OF DEATH    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?    YES NO   CAUSES OF DEATH    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?    YES NO   CAUSES OF DEATH    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?    YES NO   CAUSES OF DEATH    21b. ADENOCARCINOMA OF URINARY BLADDER    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?    YES NO   CAUSES OF DEATH    21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	Lost
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Ves, nq. or unknown)  Yes, nq. or unknown)  WW-1  18 CAUSE OF DEATH (Enter or y ane cause per line far (o), (b), ond (c))  PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (o).  Stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF  Stating the underlying cause  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  YES, were findings considered  CAUSES OF DEATH (Enter noture of injury in Part 1 ar Port 2, Item 18.)	
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210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	CERTIFYING
ADD SO THE RIBUT NG COUNTRIBUT NG CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, natify medical examiner) P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM STREET, FACTORY 21f EDCATION Street or R.F.D. Na City or Town Country	
The street of R.F.D. No. County    County   Coun	State
22a. I certify that (1) this haspital) attended the deceased from Aug. 10 , 19 68 , ta Aug. 14 , 19 68 , ta saw the deceased alive an Aug. 14 19 68 and that in (my) (aur) opinion death accurred an the date and has	at (IK (we) last
saw the deceased alive an Aug 14 19 68 and that in (my) (aur) opinion death accurred an the date and he causes stated above, (4) (we) (did) did not) view the bady after death.	ur and from the
TE SE STATURE 226 SIGNATURE 226 SIGNATURE	
226 SIGNATURE  226 SIGNATURE  226 DATE SIGNET  DEGREE PHYS  DEGREE PHYS  DEGREE PHYS  226 DATE SIGNET  8/15/6	
22d. PHYSICIAN'S NAME (Type) TRFAN AVNI ORER, M.D. 22e. ADDRESS VA Hospital, Fort Howard, Maryl	3
22d. PHYSICIAN'S NAME (Type) TRFAN AVNI ORER, M.D. 22e. ADDRESS VA Hospital, Fort Howard, Maryl 23d. Buria, (REMATION, British Specify) 8/19/1968 Baltimore National Baltimore, Maryland	
VR A15 14 PUNERAL DIRECTOR COMMAN REV. 1 180 PUNERAL HOME ADDRESS 48 Calhoun St 25 A 18 2 PUST 1968 2 SECRETAR SAIGNATURE Balto. Md. DATE	



1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	11		
TE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	•	11218	
1		CEASED-NAME First Middle Lost 20, DATE KN	ESTI- 🗒 😿 🛒	Day Year 2b.	HOUR
L		ale CAU April 15, 1901 (as bythdoy) MONTHS DAYS MOURS MIN Month,	ONOUNCED DEAD Doy	Year 2d.	HOUR M
7 e	a B ount	IRTHPLACE (Stote or foreign   76 CHT ZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9. COUNTY OF DEAT   179 Tenn.   USA   WIDOWED   DIVORCED   Baltimo			
		TY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life  Essex (21)  Baltimo  I Name of Hospital or Institution (If not in haspital during most of working life  Attendant	ind of work done 1: e, even if retired.)	26 KIND OF BUSINESS NDUSTRY	
L	ød	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LANIES? 13e. STREET / m ssion) STATE Maryland 13b COUNTY Baltimora Essex (21) YES INO DOX 1 Me	and number		
14	4 F#	THER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First  Henry Rees Ray ?	Middle	Lost	
6		VAS DECEASED EVER IN U.S. ARMED FORCES? 15. ng. grunknown) (Hyes goes wor or dones of service) 235 10 3230A Winnie Rees Same	ADDRESS		
Ī		18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		APPROXIMATE INTERV. BETWEEN OWSET AND DE	AL EATH
		OUE TO, OR AS A CONSEQUENCE-OF  Canditions, if any, which gave )	na		
		nse to immediate cause (o), stating the underlying cause lost			
1	┈	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2	ART I(o)		
CEDTIGICATION	IIFICALIO	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?		20. AUTOPSY? YES NO	
MEDICAL CED	JILAL LEK	21d EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING HOUR A M. P.M. 19	Port 1 or Part 2, item	n 18)	1
SAE.	MIE	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK A	fawn	County S	tate
		/ / 1 2 / 1	], Inquiry [.],		inion
		ACTUAL SIGNATURE	22b DATE SI	GNED /	
		NAME (Type) M. B. Davis, M.D. 6800 Mornington RdADDRDstretadiktywn/MdyunR		71757	
		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (CO. REMOVAL (Specify) 8/11/68 BlueRidge Memorial Gardens Prospe		County) (Stote)	
2 2	47.45		25b. REGISTRAR S SIG	GNATURE	
No				0 0	





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11220 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Mizidle Lost 20. DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED Frances Elizabeth Rice Poge 50 3 SEX female S DATE OF BIRTH Jan 24,1907 RACE white 6 AGE (In years IF UNDER 1 YEAR IF JINOER 24 HRS 2c DATE PRONOUNCED DEAD Month Aug. Doy 2 1.68 Yeor 61 7b CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Slote or foreign MARRIED TINEVER MARRIED 9. COUNTY OF DEATH country) Marryland U.S.A. Baltimore WIDOWED | DIVORCED | Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITA, OR INSTITUTION (If not in hospite 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 1925 Wareham Rd. INDUSTRY Dundalk during most of working life even if retired)
Machine Operator Proucts Steel 130 USUAL RES DENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY JANUES? 13e STREET AND NUMBER admission) STATE arv and 1136 COUNTY Baltimore Dundalk 1925 Wareham Road YES IN NO A IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle First M+ddle Pau7 Helen Dzieklinski Konopka hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Som: ADDRESS pencil (Yes, no\_or unknown) (If yes give war or dates of service) 219-16-6107 Joseph M. Rice `<u>=</u> APPROX MATE INTERVAL within 18. CAUSE OF DEATH (Enter only and cause per line for (a) (b), and (c)) permit. BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/03 2 1 1-21 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? execute the certificate, YES 🗀 NO 5 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, PsM. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At-home, form, street, 21f. LOCATION Street or R F.D No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy .... Inspection . Inquiry x. and in my apinian deoth resulted from: Natural causes . Accident . Surcide Homicide Undetermined monner 6800 Mornington Rd. CHIEF MED CAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MEDICA, EXAM NER SIGNATURE Balt. Md. 21222 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health Melvin Davis M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23d LOCATION (City or Town) 23b DATE (County) (State) REMOVAL (Specify) Meadowridge Memorial Howard Co. Md. Dorsev Burial 24 FUNERAL DIRECTOR ADDRESS 25o. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 1968 John J. Duda, Dundalk, Maryland 21222 AHG 5 VR A15ME ( 10M REV 1/68



MAKTLAND STATE DEPARTMENT OF HEALTH 11213 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR requires that the death certificate, be executed within 24 hours after death (Type or print) Hilda. ATTE Month 2-1968 A. Rice 4 RACE S DATE OF BIRTH 3 SEX 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS day birthdoy) Female. White MONTHS . DAYS HOURS Aug. 9- 1906 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED THE MARRIED 9 COUNTY OF DEATH country) Maryland Baltimore TI-S-A-WIDOWED [7] DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) 1712 Hoodland Bit. during most of working the even threshold.) Dundalk INDUSTRY 130. ESUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Baltimore YES NO Dundalk 1712 Woodland Dr. 21222 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Middle Charles Ketchum E. Anna Rose Fuhn 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) 216-42-0534 burial, cremation, ar removal, Hudband, Mr. George J. Rice Sr. #13-a, b, c, d 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: S CALSED BY: METASTATIC CARCINOMA OF PANCRONS DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave ) signed by the burial-transit g rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TAK YES 🗀 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work \_\_\_\_, and that in (my) (our) apinian death accurred on the date and have and fram the causes stated abave, (1) (we) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S W. E. Baermann M.D. 3401 Dundalk Ave. Dundalk, Md. 21222 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 23a. BJRIAL, CREMATION, (County) (State) REMOVAL (Splicify) Sacred Heart of Jesus Dundalk, Balto. Co. Md. Aug-5-1968 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR John J. Duda, Dundalk, Maryland 21222





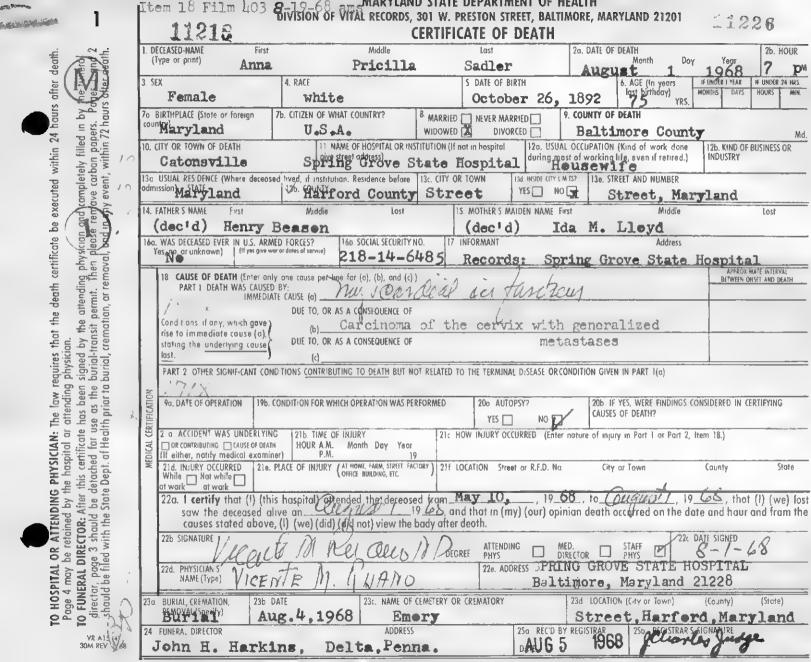
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ı	male		wh:	i te		Dec. 3	4, 187	77	6. AGE (In years last birthday) YRS	MONTHS OAYS	HOURS MIN
76	BIRTHPLACE (State or fountry) Md.	oreign 7	b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED WIDOWED 2			COUNTY OF I			Md
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L	Ferdir	and W	. Ritte				Wr	renn			
Ī	Yes, payor unknown)		O FORCES? or dates of service)	16b. SOCIAL SECURITY		DRMANT			Address		
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1	Conditions, if ony, w	hich nave t	DUE TO, OR	AS A CONSEQUENCE OF						da	15
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١	stating the underlyi	ng couse	(c)	AP A CONSCIONAL OF							
	PART 2 OTHER SIGN	FICANT COND		JTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL C	DISEASE OR CON	NDITION GIVEN	IN PART 1(o)		
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	190. DATE OF OPERATION 210. ACC DENT WAS			HICH OPERATION WAS P		20a. AUTOPS YES	NO 🔲	CAUSES	OF DEATH?	CONSIDERED IN CE	RTIFYING
20 100 100	216. ACC DENT WAS  or contributing  the either, notify med	CAUSE OF DEATH	HOUR A.M. P.M.	Month Doy Year	9	INJURY OCCUP	RRED (Enter n	noture of injury	in Part 1 or Part 2	2, Item 18)	
	While Not while			( AT HOME FARM STREET TA OFFICE BUILDING, ETC.		TiON Street			nr Tawn	County	State
	22o. I certify the saw the de couses stat	at (f) (this ceosed ali ed obove,	hospital) at ve an <u>Clus</u> (I) (we) (did)	ended the decease	ed from <u>FL</u> 19 <i>©8</i> , and i body after de	hat in (my) oth.	(our) opini	, to <u>Hu</u> ion death of	9-24, 1 Seurred on the	9 <u>68</u> , that date and hour (	(I) (we) last and from the
ı	22b. SIGNATURE	aure	es V	ila	DEGREE	ATTENDING PHYS		ECTOR	STAFF PHYS	c. Date signed 8-24-	_
	22d. PHYSIC ANS NAME (Type)	COLA	NOO	VIETA			Balti	Lmore,	E STATE Maryland	HOSPITA 21228	
2	30. BURIAL, CREMATION	23b DA			CEMETERY OR CE			14.77	(City or Town)	(County)	(State)
2	REMOVAL (Specify)	8 -	+1-191	ADDRESS	IN PAR	CEM	SO REC D BX	REGISTRAR	17/10/RES	RS SIGNATURE	LAND
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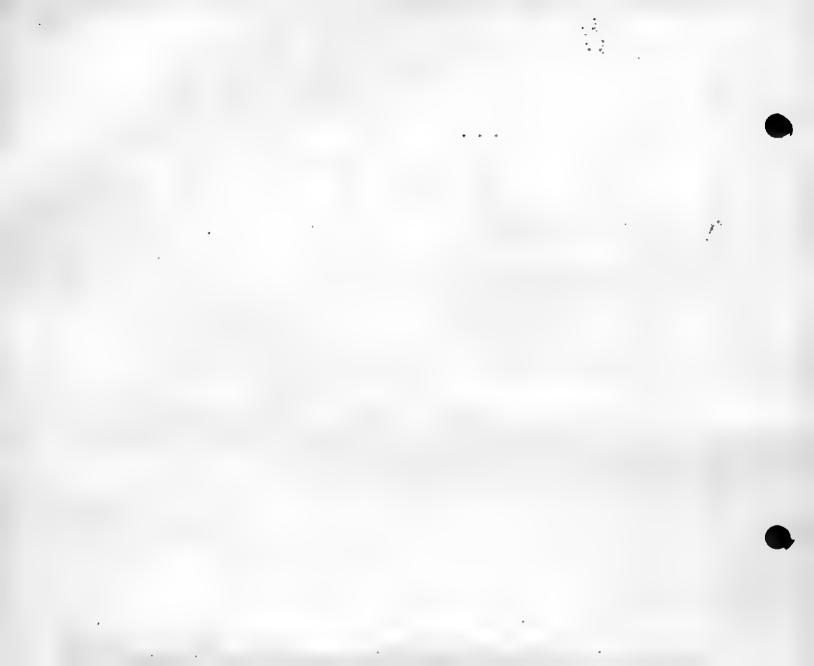


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 11216 CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 havrs after death (Type or print) Month 40 1mas MSEY 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years FUNDER YEAR IF CINCER 24 HRS lost birthday) MONTHS ahave carban papers. Pages any eyent, within 72 haurs aft 10-21filled in by t 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH (auntry) DIVORCED [ WIDOWED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) WW 15071. 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d. INSTOE CITY LIMITS? 136 STREET AND NUMBER 13b/ COUNTY YES NO 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First director, page 3 should be detached far use as the burial-transit permit. Then please to should be filed with the State Dept. af Health prior ta burial, crematian, or remayal, and is asanua 6b SOCIAL SECURITY NO. 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO C 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21e PLACE OF INJURY 21d INJURY OCCURRED City or Town State County While Not while of wark 22a. I certify that (i) (this haspital) attended the deceased from 6. to \_19 (and that in (my) (our) apinian death accurred an the date and hour and from the sow the deceased alive an\_ causes stated above, (i) (we) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DIRECTOR PHYS PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Louis H. Schaffer Balto. Md.10 222 W. Cold Spring Lane. 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) REMOVAL (Specify)
Burial 8/15/68 Lake View Mem. Park Carroll Co. Md 6212 Balt. Nat Pike DDRESS 250 REGIS BY REGISTRAR 24 FUNERAL DIRECTOR Cook-Brooks West Inc Balt. Md. 21228 30M REV DATE









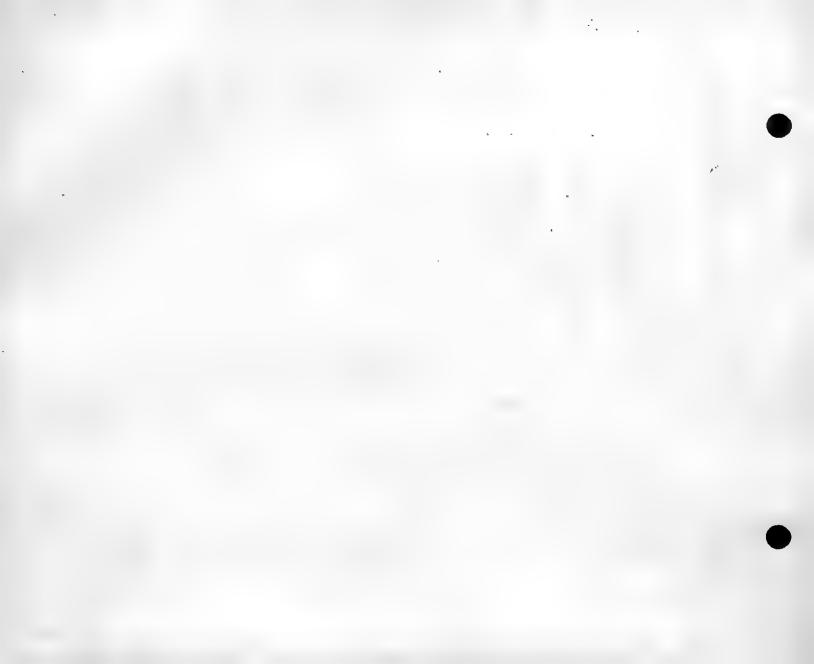
8/20/ 68

x 8/20/00 un. 7620 York Rd., Towson, Md. 21204



				STATE DEPARTMENT OF			
The state of the s	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
1		11227	CE	RTIFICATE OF DEATH	and the second of	MA	
11 - NE		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH		2b. HOUR
gand de	(	ype or print) John	Joseph	Sanders	8-23-68 D	оу Үеог	7:45
	3 51	X	4 RACE	S. DATE OF BIRTH	6. AGE (in years		F UNDER 24 HRS.
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by t Par	7g_	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 COUNTY OF DEATH		
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<b>₹ ₹ ₹</b>	F	andallstown	Baltimore Co	Gen Hosp AR	most of work ng life, even if retired MA Chemical	) INDUSTRY	
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e deoth certificote b attending physicion permit. Then please on, or removol, ond i		WAS DECEASED EVER IN U.S. ARMI		17 INFORMANT	The 431-33-	State St	
zhys vol		es, no, or anti-overs	r or dates of service) 145-05-18	57 Kain Montua	MISO PERTH A	MBOY.	Nied.
ng n	ı	18. CAUSE OF DEATH (Enter on ) PART I, DEATH WAS CAUSED	one cause per line for (a), (b), and (c).)	^	1 -	APPROXIMA  BETWEEN ONS	TE INTERVAL ET AND DEATH
eoff endi nit.	L	PAKI I, DEATH WAS CAUSED	TE CAUSE (0) Card	ac are	1	2-0	neen
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lar lend s be os lor	Ē	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PERFO		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	TIFYING
The The has has oster of the has	CERTIFICATION	•				-	
AN: ol ol cote		210. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TALLISE OF DEATH		21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Port 2	2, Item IB.)	
SICI.	MEDICAL	(If either, notify medical examina	er) P.M 19				
hos seept	2	21d INJURY OCCURRED 21e. I	PLACE OF INJURY ( AT HOME FARM STREET, FACTOR	21f. LOCATION Street or R.F.D.	No. City or Town	County	Stote
det ja		ut work of work		1/10	1 3 A		
by be Sto	ı	22a I certify that (I) (this	s hospital) attended the deceased	from P1/1 2 CE+ 19	pinian death accurred an the c	965, that (	i) ( <del>we)</del> last
R. Cold	ı	causes stated abave.	(I) (we) (did) (did not) view the ba	dy after death.	spinson dealif accepted an me i	adie dila ilagii di	iu num me
E E E SE	ı	22b SIGNATURE	1 /2 /		/um 22	C DATE SIGNED /	
OR O	ı	1 true	is/ Sens (e	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	8/23/6	P
NI Dog	L	22d. PHYSICIAN'S	0	22e. ADDRESS		7	
SPIT 4 m er, d be	L	NAME (Type)					
Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compedine to a should be detached for use as the buriof-transit permit. Then please remove a should be filed with the State Dept. of Health prior to buriof, cremation, or removal, and in any event	230	BUR AL, CREMATION, 23b. D	ATE 230 NAME OF CE	NETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
5 5 5 £		REMOVAL (Specify)	8126/68 >4.6	TENTRUCES	COLONIF		1
VR A15 (4)	24	FUNTERAL DIRECTOR	ADDRESS ADDRESS	250. REC		S SIGNATURE	E.R.
30M REV. 1/68		Young Syens -	312-8 A 300 Marca	OLULI, IVCE DATE AL	16 2 6 1968	00	

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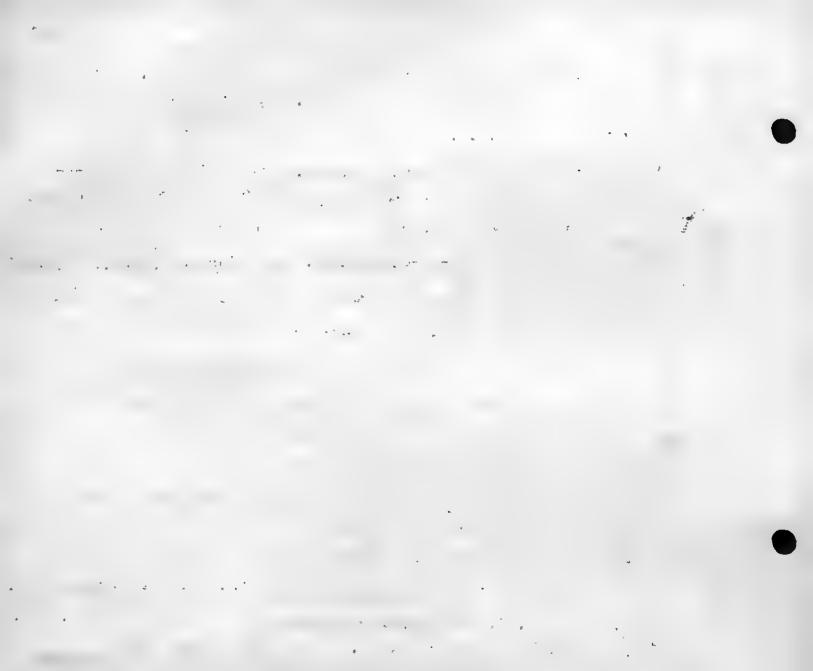


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The state of the s	1 1 22 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2200
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, 32
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20. DATE KNOWN Month Doy	Yeor 2b HOUR
S 5 8 40	(Type or Print) EMMA M. SCHEFFER OF BIT DEATH MATED Aut 1	4 1968 M
delay and 3 as: Pa	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years   F UNDER 1 YEAR   1F UNDER 24 HRS   2c. DATE PRONOUNCED DEAD	28 HOUR
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E 41.9	70 BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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orth oge th ft	10 CITY OR TOWN OF DEATH .   11 NAME OF HOSPITAL OR INSTITUTION (If not n haspital   12a JSUAL OCCUPATION (Kind of work done   12b	KIND OF BUSINESS OR
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hours Office	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	East
2 = 2 ( 2 %	HERMAN ENGEL CATHERINE KREMMEN	
h n ncil i niner pog	(Vac on or introduct)	AME AS
w the per control of the per con	(res, no, or inknown) Tyes give wor or dates of service) 215-50-3277 J.T Moreris Scheefer - A	4 13
ed in	1B CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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exe end it p	DUE TO, OR AS A CONSEQUENCE OF	a raye
hiel he	Conditions if any, which gave is to immediate cause (a). (b) FRACTURE, LEFT FEMDRAL NECK	1 DAYS
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ate g the ed t	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
d a d a d a d a d a d a d a d a d a d a	190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION	20 AUTOPSY?
This certificate should be executed within 24 hours after death icote, writing the word "pending" in pencil in Item 18. Give Page be farworded to the Chief Medical Examiner's Office along with the standard as a burial-transit permit. File pagest and 2 with the Standard, and in any event within 72 hours other death.	190 DATE OF OPERATION WAS PERFORMED? H. P. FRACTURE	
This cote be to be	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 1)	YES NO Z
INER: This certificate should be executed within 2 in certificate, writing the word "pending" in pencil in should be farworded to the Chief Medical Examiner files.  3 should be used as a buriol-tronsit permit. File pognition, or remayal, and in any event within 72 hour	PRIMARY OF CONTRIBUTING 1 HOUR AM. 8/5/1968 FELL	0.,
Show of its of i	PRIMARY OF CONTRIBUTING AM.  AUSE OF DEATH  D. P.M. S. S. 1968  FEL  21d N.JRY OCCURRED 21e PLACE OF INJURY (At hame, falm, street, 21f LOCAT ON Street or R.F.D. No.  Colygic Town. Co.	ounty Stote
AM b th our oge rem	WHILE AND WHILE TOCKORY, Office building etc.)  AT WORK TO WHILE TO TOCKORY, Office building etc.)  AT WORK TO WHILE TO TOCKORY, OFFICE BUILDING ETC.)	
se execute the cert set execute the cert setor. Page 4 should ned far your files.  RECTOR: Page 3 should buriol, cremotion.	22a. I certify that I taok charge of the remains described above, held an Autopsy , Inspection I Inquiry	
CAL exe or. I d fc TOF	death resulted fram. Natural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my apinion
please directs retained or to b	CHIEF MEDICAL EXAMINER	
ple in direction ion	SIGNATURE MULLIAMO MD ASSISTANT MED CA. EXAMINER 22b DATE SIGN	ED
ERA Pr	SIGNATURED'S & A DEPUTY MEDICAL EXAMINER AT SECOND	4-68
necessary, please execute the certificate, writing the word "pending" in per the funeral director. Page 4 should be farworded to the Chief Medical Exam 5 may be retained far your files.  Funded the prior to buriol, cremotion, or remayal, and in any event within 72	NAME (Type) WILLIAM A. FILESBURY ADDRESS (Steet, City, Own, of colony)?	
F F F F F F F F F F F F F F F F F F F	230 BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (Cou	inty) (State)
	BURIAL Aug. 171968 PARKWOOD PARKVILLE B.	alta, Md
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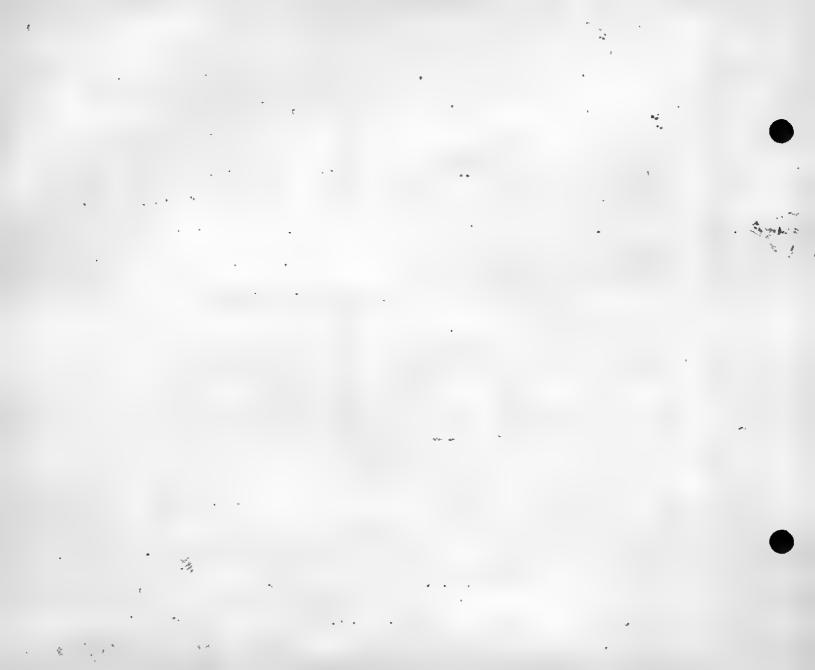


MAKTLAND SIAIL DEPAKIMENT OF HEALTH





	1			D STATE DEPARTMENT O		
1		44006	DIVISION OF VITAL RECORDS,			11735
	l	11889		CERTIFICATE OF DEAT		
至一之至		CEASED-NAME First ype or print)	Middle	Lost	2a DATE OF DEATH Month Da	2b. HOUR
	(	Cecelia	S.	Schueler	August 10	1968 5:15a
est death	3 SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR F JHDER 24 HRS MONTHS DAYS HOURS MIN
2 4 0 S		Female	White	May 12,188	5 83 YRS.	MONTES DATS TOURS MITH.
by the hours	7o l		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9. COUNTY OF DEATH	
24 hamrs ad in by the ppers. Po		aryland ity or town of DEATH	USA	WIDOWED DIVORCED	Baltimore	M
il fil gil Ev	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street address)	STITUTION (If not in hospital   12a. i	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
ely ban		lowson	St. Joseph d lived, if institution: Residence before	s Hospital Ho	g most of working life, even if retired.)  usewife	Modsiki
executed within a campletely fille amave carbon pany event, within	13a. adm	USUAL RESIDENCE (Where decease ission) STATE	d lived; if institution: Residence before	13c CITY OF TOWN 13d INSIDE	OTY LIMITS? 13e STREET AND NUMBER	
com com	14	rvland	V	Baltimore YES	NO 2907 Bayonne	
ex mem rem	14. (	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAM		Lost
Se o dir		Joseph J.	Wheltle	Elizabe	eth III. Hoering	
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는 보고 다. 		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c)			BETWEEN ORSET AND DEATH
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he of the figure	Ι.	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF			
at th the nsit		rise to immediate cause (a).	1-1-	hrombosis		
tro d	'	stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
equires that the d physician. signed by the att. burial-transit perr burial, crematian.			(c) DITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMINAL DISEASE	OP CONDITION GIVEN IN PART 1(a)	
law requires that the death certificate ading physician. been signed by the attending physicians the burial-transit permit. Then please iar to burial, crematian, ar remaval, an		TAKE 2. OTHER SIGNIFICANT CORE	ITTORIS CONTRIBUTINO TO DEATH BUT IN	* CERTILO TO THE TERMINAL DISEASE	OKCOMUNION GIVEN IN TAKE 1(0)	
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The I atternation atternation has assed in the principle.	S				CAUSES OF DEATH?	
ML: The first the first hat for use far use		210. ACCIDENT WAS UNDERLYING			Enter nature of injury in Part 1 or Part 2,	. Item 18)
Pital Pital A far af far af far	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yeor P.M. 19		, ,	•
OR ATTENDING PHYSICIAL: be retained by the haspital ar NRECTOR: After this certificate e 3 shauld be detected far under the state Dept. af Heal		21d INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TIORY.) 21f LOCATION Street or R.F.D	Na City or Town	County State
this he h		While Not while of wark	COFFICE BUILDING, ETC	"		
DING PHYS by the has sifter this ce be detache State Dept.		22a. I certify that (*) (this	haspital) attended the decease ve an 8-10-68 1	ed from 8-6 , 1		9 <u>68</u> , that (7) (we) la
ed k ed k ed k ed k		sow the deceased oli	ve on 8-10-68 1	9, and that in (asp) (our)	opinian death occurred on the d	ate and haur and from th
R ATTENIT retained ECTOR: A should with the		22b. SIGNATURE	(I) (we) (did) (did not) view the	body offer death.	22c	. DATE SIGNED
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V Proger		22d. PHYSICIAN'S		22e ADDRESS	DIRECTOR — FIII3. —	
mo mo			Cilliani, M.D.	· 7620 Yo	rk Road, Towson, M	laryland 21204
PO HOSPITAL OR ATTENDING PHYSICIAM: The law re Page 4 may be retained by the haspital ar attending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	230	BJRIAL, CREMATION, 23b. D.	ATE 23s. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Page Page	1	REMOVAL (Specify) 8/	13/68   Park	wood (emeteru	Baltimore, Mi	d.
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30M REV. 1765	L	eonard J. Ru	ck, Inc Baltime	ore, Md. DAAU	6 1 2 1968 gclien	May Judge
101			-			



THE DATE OF ORAS DESIGNATION OF VITAL RECORDS, 301 W, PRESTON STREET, BALLHOORE, MARYLAND, 21201  1 DEED TO THE 25D LED TO THE CETT OF DEATH  1 DEED TO THE CETT OF DEATH  1 DEATH OF DEATH  1 DEED TO THE CETT OF DEATH  1 DEATH OF DEATH  1 DEED TO THE CETT OF DEATH  1 DEATH OF DEATH  1 DEED TO THE CETT OF D	/ 1		11228	DIVISION OF VII Item 23b, t	AL RECORDS, 301	W. PRESTO	N STREET, BALT	IMORE, MA	RYLAND 212	01		
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The Secret Pers In S. Armed Forces?   166 Social Security No   17, Informant   Address   Forces   167   168   16	1	14 F/	and the second second						Mid	Idle	KELZ	†
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Storing the underlying couse (c)			Canditions, if any, which gave	DUE TO, OR AS A	CONSEQUENCE OF		PLEXY				5 MON.	THS
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County   C		×	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TE	RMINAL DISEASE OR					
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While Not while at wark  220. I certify that (I) (this hospital) attended the deceosed from		DICAL CEX		ATH HOUR A.M. M	anth Day Year 19				ury in Part ? or F	Port 2, Item	18.}	
couses stated abave, (1) (we) (did) (did) rot) view the bady after death.  22b SIGNATURE  22c DATE SIGNED  AUGUST 3, 1968  22d PHYSICIAN'S NAME (Type) ED WIN L. PIERPONT, M.D.  23a BURIAL, CREMATION, REMOVAL (Specify)  Aug. 8, 1968  Woodlawn Cometery  AUGUST 3, 1968  Woodlawn Balto Co Md  24 Threat Director  250 REC'D BY REGISTRAR  250 REGISTRAR  25	1		21d INJURY OCCURRED 21e	PLACE OF INJURY (AT I	IOME, FARM, STREET, FACTORY, CE BUILDING, ETC.	211 LOCATION	Street or R F D No	i. Cit	y ar Tawn	Çe	ιυπτγ	Stote
22d. PHYSICIAN'S NAME (Type) EDWIN L. PIEBPONT, M.D.  23a. BURIAL, CREMATION, REMOVAL (Specify)  Aug. 81, 1968  22c. DATE SIGNED  AUGUST 3, 1968  22e. ADDRESS  22e. DATE SIGNED  AUGUST 3, 1968  22e. ADDRESS  22e. ADD			220. I certify that (i) (to sow the deceased couses stated above	his hospital) attendalive on (did) (did)	ed the deceosed for the	som <u>OO</u> &, and that v after death.	<u>7 / 0</u> , 19_ in (my) (σ <del>υι)</del> ορί	inion death	occurred on t	_, 19 <u> 65</u> he date a	之, thot (I) (a and havr and fi	we) last rom the
NAME (Type) EDW/N L. PIERPONT, M.D. 5234 LIBERTY R. BALTO, 21201 Md.  23a BURIA, CREMATION, REMOVAL (Specify)  Aug. 8, 1968  Woodlawn Compteny  Aug. 8, 1968  Woodlawn Compteny  ADDRESS 21207  250 REC'D BY REGISTRAR  258 REGISTRAR  258 REGISTRAR  258 REGISTRAR  250 REC'D BY REGISTRAR  250 RE		Ì		Think	int, M.C	n Al	TENDING P	MED.	STAFF PHYS.	22c. DATE AUG	SIGNED	968
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	J	1	REMOVAL (Specify)	DATE 6	Woodlawn	-	eru.	Wood			ounty) (Sta	ite)
				bury 6411		2120/ ill Rd.			1968 REG	Class .	an Jung	-







MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME MARYANN (MARYANN) Middle Lost 20 DATE KNOWN Manth Day 2b HOUR 1 (Type or Print) OF ESTI-DEATH MATED SHAYDA August I, 1068 Page 7:00 with the State Department of 3 SEX Female S DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE White ny dela 2, and 3 P.M3. P 2d HOUR 7:00 Month Augusty 1. Yeor 68 Nev. 14, 1956 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore U.S.A. WIDOWED F DIVORCED F TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 3031 Woodside- Basement INDUSTRY School during most of working life, even if refired.) Parkville 130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d NSIOE CITY LIMITS? odm ssion) STATE Maryland 136 COUNTY Baltimore 413 South Macon Street YES KT NO I 14 FATHERS NAME 15. MOTHER'S MAIDEN NAME Middle Rudelph Alberta Jeseph Shayda Natiaky Balte. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) Joseph R. Shayda: 413 S. Macen St. 21224, Md. None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Stab Wounds of Chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔀 NO 🖂 21a EXTERNA, CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) PRIMARY FROM CONTRIBUTING F :00?PM August 1,1968 Stab wounds of Chest CAUSE OF DEATH 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D No £ ty ar Tawn County factory, office building, etc.) t. Basement THE TON F 3031 Woodside Baltimore M.D. AT WORK AT WORK 22a. I certify that I toak charge of the remains described above, held an Autopsy [X]. Inspection [ Inquiry , and in my apinian Natural causes Accident death resulted fram: Suicide . Homicide X Undetermined monner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASS STANT MEDICAL EXAMINER 3 August 2,1968 Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city town, or county) 23o BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Ballion ... 7401 German Will Rd. 8-6-68. Sacred Heart Com. 6224 Eastern Ave. 250 REC D BY REGISTRAR 25b REGISTRAR S S GNATURE VR A15ME (5) DATE AUG 8

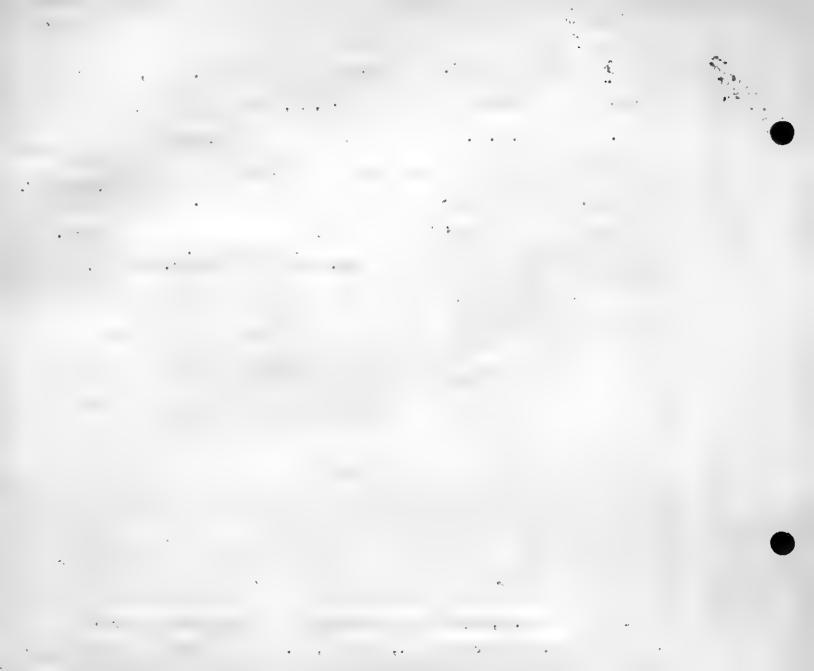


		ND STATE DEPARTMENT OF HEALTH	MARYLAND 21201 [ ] [ ] 24 ()								
-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
`	LLCVA	CERTIFICATE OF DEATH									
deoth. neral ond 2 death.	1. DECEASED-NAME First Middle (Type or print)		OF DEATH Mapth Bay Stear 7:00P								
r deat	(Type or print)  JOHN	SHELLHAMMER	0 1 00 1:001 N								
after the first	3 SEX 4 RACE WHITE	s date of birth 7/29/00	6 AGE (In years If UNDER + YEAR IF UNDER 24 HRS. IQSE (birthday) MONTHS DAYS HOURS M.N.								
S = 5	70 BIRTHPLACE (State or fare-gr. 75 CITIZEN OF WHAT COUNTRY?		1K3.								
5 E 15	PPER LEICH, PA. U.S.A.	8 MARRIED NEVER MARRIED 9. COUNTY WIDOWED DIVORCED BALTI									
filled filled			Mid								
that the death certificate be executed within 24 hours after death on.  by the ottending physician and completely filled in by the funeral transit permit. Then please remave carbon pages bages I and 2 cremation, or remavol, and in any event, within 12 hours after death	FORT HOWARD VEN STREET HOS	PITAL during man Abyark	ION (Kind af wark dane Inglife, even if retired) Inglife, even if retired) FACTORY								
d w d rbearbeart, v	13a USJAL RESIDENCE (Where deceased lived, 'f institution: Residence before		STREET AND NUMBER								
artificate be executed with physician and completely on please remave carbon ovol, and in ony event, were	admission) STATE 13b COUNTY MARYTAND	VECTO NOTO	11 S. Clinton Street								
out de ce	14. FATHER S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle Last								
n or	FRANK SHELLHAMME		KRESGE								
sicial Seas	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY  16c. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY  16c. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY	- "	Address								
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The law re ottending hos been se as the h prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20n AUTOPSV2 20h	. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING								
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YSICIAN: The ospital or of certificote hor thed for use hed for use the formula the formul		21c HOW INJURY OCCURRED (Enter nature of i	njury in Part 1 or Part 2, Item 1B.)								
Pita in the control of the control o	(If either, natify medical examiner) P.M	19									
ATTENDING PHYSICIAN: etoined by the hospital or (TOR: After this certificate should be detoched for ith the Stote Dept. of Healith the Stote Dept. of Healith the Stote Dept.		ACTORY.) 21f. LOCATION Street or R.F.D. No.	City ar Tawn Caunty State								
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OR: ould	causes stated above (the cause) (we) (did) (sties root) view the	body after death.									
A SECTION SEC	226. SIGNAFURE	ATTENDING MED.	STAFF X 8/2/68								
be r be r DIRE	and Navigania	DEGREE PHYS LI DIRECTOR L	- rnis								
SPITA 4 moy IERAL ar, po d be f	22d. PHYSICIAN'S NAME (Type) PETER V. JUVAN, M. D.	VAH FORT HOW	ARD, MARYLAND								
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 moy be retoined by the hospital TO FUNERAL DIRECTOR: After this certifico director, page 3 should be detoched for should be filed with the Stote Dept. of He	23a BURIAL, CREMATION, REMOVA, (Specify) 8-5-68 BALT IM		ATION (City ar Tawn) (Caunty) (State) LT IMORE, MARYLAND								
- E	24. FUNERAL DIRECTOR A ADDRES										
30M REV. 68	Themas d. Hoffman HOFFMAN	FUNERAL HOME DAVE AUG 6	1968 PCharles Judge								
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	i i			301 W. PRESTON STREET, BA		
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5	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (In years	H UNDER 1 YEAR OF LINDER 24 HRS
iffer es es	3 31	Mala	* KALL J. A. J.	9.22.9	lost birthday)	MONTHS DAYS HOURS MIN
rs c agg sagg	_/	11/11/2	47186 -6		YRS	
thin 24 haurs after death y filled in by the functal on the papers. Pages on youthin 72 haurs after death	7a B	STRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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s b as	CERTIFICATION	19a. DATE OF OPERATION 19	Pb. CONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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OR be r		Que lon	0000 70 °	DEGREE PHYS	DIRECTOR PHYS.	4000011100
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00000	1	REMOVAL (SPORTS)	8-25-68 ANSHE 1	EMUNAH AITZ CHAIM	BALTIMORE, MA	RYLAND
	24	FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
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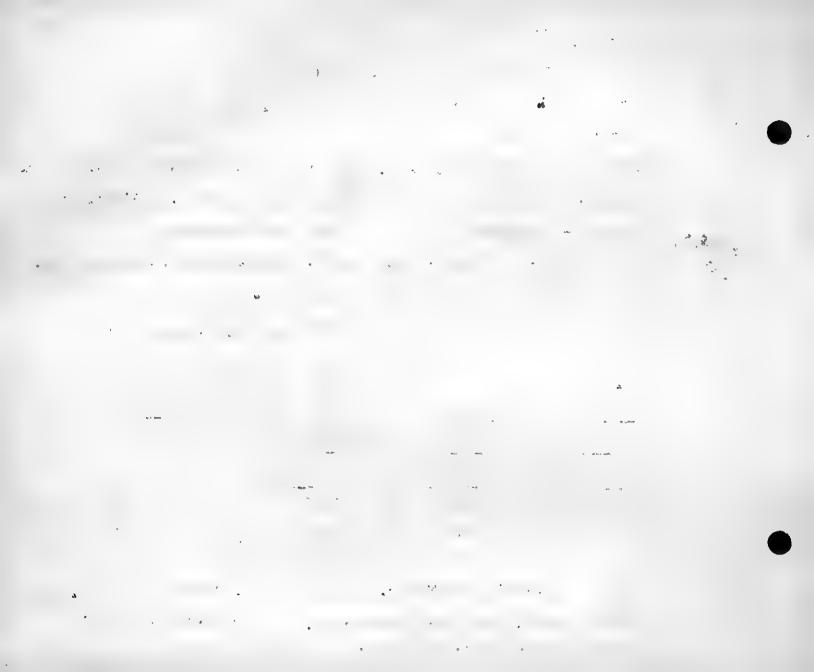


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		Ype or print) ESTE		I S	SHOCK	8 Month 28 Do	68 Year 11:45 M				
5 ( 5 )	3 58	X	4. RACE		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.				
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and ca	14	FATHER'S NAME FIRST	Middle /A/CF	Last 15	MOTHER'S MAIDEN NAME F		Lost				
ifficate br hysician ( n please ral, and n	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no population (II yes give way a doley of source)  (II yes give way a doley of source)  Address  Address  Address										
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CLAN: bital ar tificate d for u	MEDICAL CES	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Month	Day Yeor	/ INJURY OCCURRED (Enter	r nature of injury in Part 1 or Port 2,	Item 18.)				
NING PHYSICIAI by the hospital fier this certifica be detached fail State Dept. of He	ME	at work at work	PLACE OF INJURY (AT HOME, OFFICE BU				County State				
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OR ATTENION DIRECTOR: A great 3 should led with the		22b. SIGNATURE	als C. Br	DEGREE		AED. STAFF STAFF STAFF STAFF	DATE SIGNED 8/29/68				
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill			les C. Brow			Baltimore Medic					
TO HO Page TO FUN direct		REMOVALIBOUGH) L 8/	DATE 20/68 23	ATER'S BAL	MIST CENI	23d. LOCATON (City or Town) LUTHERVILLE,	- /				
VR A15 (4) 30M REV. 1/68	24/	TUNERAL DIRECTOR	Sour Tour	ADDRESS TACK	25a. REC'D B		signature				



30M REV





	1				TE DEPARTMENT OF		11246				
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
	_	11239		CERTIFICATE OF DEATH							
		CEASED-NAME First LOUIS	E .	Middle ·	lost SILL	2a DATE OF DEATH Month 8	26 HOUR 2:40M				
	_	HOOTS		B.C.			am_ "				
	3. SE	x Femal	4. RACE		S. DATE OF BIRTH	6 AGE (In years last birthday) 69 YR	F JINDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M'N				
	7- 1		Whi		April 2, 1		S.				
	caur	Maryland	7b. CITIZEN OF WHAT COURS.A.	WIDOV		BALTIMORE	Md.				
,	10. (B	ALTIMORE, MD	on giver	FHOSPITAL OR INSTITUTION	(If not in haspital 12a. USU O. MED. JOEN	AL OCCUPATION (Kind of work don Togs of working life, even if refired Real Estate	12b. KIND OF BUSINESS OR INDUSTRY				
		USUAL RESIDENCE (Where deceas		Residence before   13c, CIT		LIMITS? 13e. STREET AND NUMBER					
	aam	ssion) STATE Marylan	1 13b. COUNTY Bal	timore Ru	xton YES N	0 x 1302 Locust	Ave				
	14. 1	ATHER'S NAME First	Middle	Last	15. MOTHER S MAIDEN NAME	First Middle	Last				
		William	Baruch	Clagett	Ka	therine	Duckett				
	16a. Y	WAS DECEASED EVER IN U.S. ARN es, na, ar unknawn)   (If yes give w Yes   WWI	or or dates of service)		17. INFORMANT	Address					
				4-16-5624		1302 Locust Av	2120/1				
,	10	LES, CAUSE OF DEATH (Enter only)	y ane cause per line far RY:	(a), (b), and (c),) MYOCA	RDTAL TNFARC	TTON WOTT:	BETWEEN ONSET AND DEATH				
		IMMEDIA	TE CAUSE (a)								
		Canditians, if any, which gave )	DUE TO, OR AS A	CONSEQUENCE OF							
		rise ta immediate cause (a), (	(b)	CONCOURNER OF							
		stating the underlying cause last.	(c)	CONSEQUENCE OF							
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	ATTO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY?		S CONSIDERED IN CERTIFYING				
	CERTIFICATION	NA			YES NO E	CAUSES OF DEATH?					
		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAT	G 21b. TIME OF INJU	JRY 21	c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part :	2, Item 18.)				
	MFDICAL	(If either, natify medical examin	er) I P.M.	anth Day Year 19							
	M	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HE	OME FARM, STREET, FACTORY ) 21 E BUILDING, ETC.	f. LOCATION Street or R.F.D. No	a. City ar Tawn	Caunty State				
1		at wark at wark			8/12	60 0/12	19 68 , that (I) (we) tast				
		22a. I certify that (I) (the	s haspitall attende	d the deceased from	Snd that in (my) (our) an	inian death accurred an the	19, that (I) (we) fast				
	L	causes stated above	(l) (we) (did) (did	nat) view the bady of	ter death.	milan dedin accorred an ine	date and nation and nam me				
		22b. SIGNATURE	12-11		- :-	MED. STAFF	8/13/68				
	L	- 16	Je andly	l	DEGREE PHYS.	MED. STAFF PHYS.	8/13/08				
		22d. PHYSICIAN'S NAME (Type)	. XX RHOD	EN H M	22e. ADDRESS						
-	23a.	BUR AL, CREMATION, 23b. I REMOVAL (Specify) BUILTAL 8,		23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (State)				
	24	Burial' 8,	/15/68	Holy Trini ADDRESS	ty Church Cem.	Rt. 50 near B	OW LE, MIG.				
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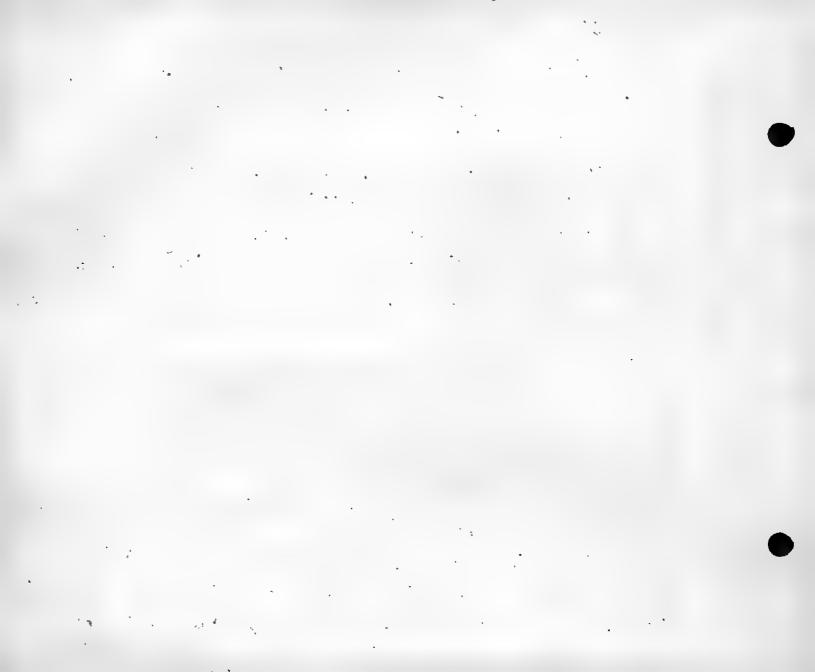




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1		<u> </u>		CERTIFI	CATE OF DEATH							
LLE NE		ECEASED NAME First	Midd	le	Lost	20. DATE OF			2b. HOUR			
death death	(	(ype or 'print')	CATHERINE JA	NE SM	ITH		Month 8 Doy	4 <sup>46</sup> 68	6:30			
	3 5		4 RACE		S. DATE OF BIRTH		6. AGE (In years		IF UNDER 24 HRS			
a se alt	i	FEMALE	CAUCASIA	A TAT	9-1-2	1		MONTHS DAYS	HOURS MIN			
- sin Zon	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		□ NEVER MARRIED [2]	F DEATH						
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emove any ev								.ve. 21	212			
= /- /-	14	FATHER S NAME First	Middle	Lost	S. MOTHER S MAIDEN NAME		Middle		Lost			
physician sen pleose tovol, ond ir		James G.		SCHOOL STATE	Anna Krabbe							
sicic pleo pleo , or	160	WAS DECEASED EVER IN U.S. ARA (es, no. or unknown) (11 res give w	MED FORCES? 16b. SOCIAL S		INFORMANT	4	Address					
U NO	L	No	213-1	4-2133 A	nna E. Smith	(Mothe	r) Same					
permit. The		18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b),	ond (c).)				BETWEEN ONS	ATE INTERVAL SET AND DEATH			
or r		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIAC AND RESPIRATORY ARREST										
offe on,		DUE TO, OR AS A CONSEQUENCE OF										
the ssit i	П	Conditions, if any, which gove										
signed by the buriol-transit buriol, cremoti		nse to immediate couse (a), (b) DEHYDRA:ILON  Stoting the underlying couse (DUE TO, OR AS A CONSEQUENCE OF										
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as the prior to b	CERTIFICATION		CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o AUTOPSY?		YES, WERE FINDINGS CO	NSIDERED IN CER	TIFYING			
£ 8 £	IĔ				YES NO E	ST CAUSE	S OF DEATH?					
ealt ealt		210. ACCIDENT WAS UNDERLYIN			IOW INJURY OCCURRED (Ent	er nature of inju	ry in Port 1 or Port 2, Ite	em 18)				
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6 6 20 0		sow the deceased a	live on 8/1/	196.8 or	id that in (my) (our) oc	pinion deoth	occurred on the dot	e ond hour o	nd from the			
ال ا		couses stated above	e, (I) (we) (did) (did not) vi	ew the body ofter	deoth.							
× × × ×		22b SIGNATURE	- Mandia		ATTENDING	MED	CTAFF	ATE SIGNED				
DIR.		101	11 acrim	DEG	71713	DIRECTOR U	PHYS. 12 8	14/68	5			
AL pod e fi		22d. PHYSICIAN'S NAME (Type)FA RAMA	י אוד הדוג י	12 2	22e. ADDRESS							
TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushould be filed with the State Dept. of Healt					6701 N C			MD-				
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VR A15 (4) DM REV 1068()	24.	EUNERAL DIRECTOR Eugenia K. Sei	tz 5209 York Re	ADDRESS Dad	2So. REC'D	BY REGISTRAR	1968 REGISTRAR'S S	IGNATURE ()	edan .			
OM REV 1968		Eugenia K. Sei Seitz Funeral	Homé Raltimore	e. Md. 212	212 DATE	0 1 0	1900	100				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11242 CERTIFICATE OF DEATH 1 DECEASED NAME Middle Last 2g. DATE OF DEATH death. 24 havrs after death uneral and (Type or print) 4 RACE 3 SEX S DATE OF RIRTH IF UNDER 1 YEAR 6. AGE ( n years last bythday) MONTHS HOHPE 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE 8. MARRIED NEVER MARRIED country) DIVORCED [ to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifter director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papshould be filed with the State Dept of Health priar ta burial, crematian, ar remaval, and in any event, within it 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER NO IS requires that the death certificate be execut 14. FATHER S NAME Last IS MOTHER'S MAIDEN NAME First SMITH 17 INFORMANT DAUGHTERMICHEL 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or upknown) MRS. VIRGINIA MICHELL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -NO CY 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year M.A (If either, natify medical examiner) 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State White Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased from Oct 26, 1954, ta Aucust US, 1968, that (I) (w) last saw the deceased alive an AUCUST 25 1968, and that in (my) (aur) apimian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (diagot) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (Caunty) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 1.51 CERTIFICATE OF DEATH 1. DECEASED-NAME M ddle Last 2g. DATE OF DEATH 2b HOUR **DEUNERAL DIRECTOR:** After this certificate has been signed by the attention physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. habits after death (Type or print) Month EGINALD TIM 4. RACE 5. DATE OF BIRTH F JNDER TYFAR IF UNDER 24 HRS 3. SEX 6. AGE (In years lost birthdoy) 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH (auntry) DIVORCED [ WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before prificate be executed admission) STATE 13b. COUNTY DUT U 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Lost SMITH SR ULABELL 16b. SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? YP OF OTUNKnown) =/13035140 APPROXIMATE INTERVAL AUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) WITES PILEAD METASTATIC DUE TO, OR AS A CONSEQUENCE OF CARCINOMA Conditions, if any, which gave t rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🕟 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at wark ot work TO FUNERAL DIRECTOR: After 19 65, ta 22a. I certify that (I) (this hospital) attended the deceased from... .19 60, and that in (my) (our) apinian death accurred on the date and hour and from the sow the deceased alive oncouses stated above, (I) (we) (did) (did nat) view the body after death. 22C DATE SIGNED 22b. SIGNATURE 6 DIRECTOR PHYS. PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23d POCATION (City or Town) 23C NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION 23b DAFE REMOVAL (Specify) AUTO NATIONAL VR A15 (4) 30M REV. 1 68

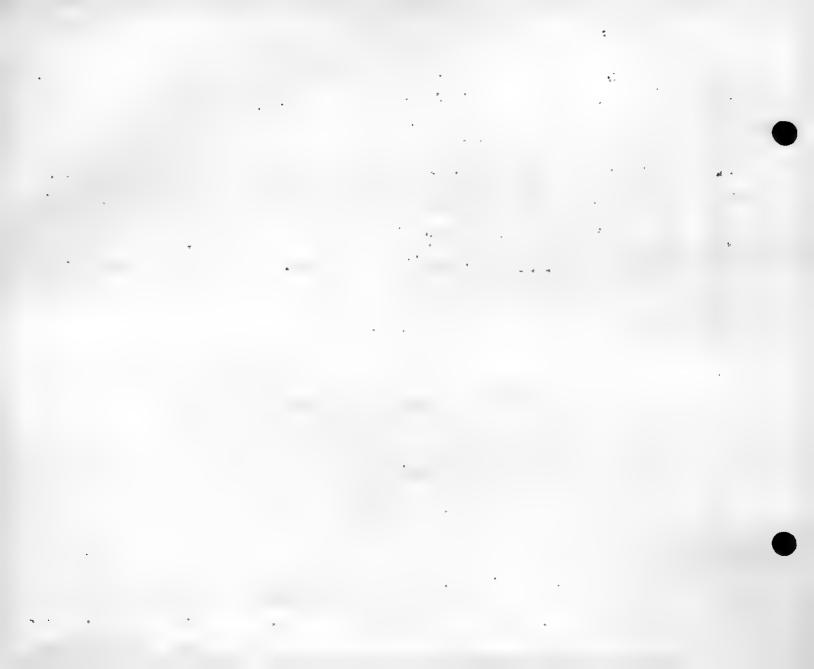
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O DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 moy be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, cren		EXAMINER'S NAME (Type)	Werne	er U.	Shurz	, M.D	.⇒		ADDRESS(Street			ity)		01TJ	100		
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MARYLAND STATE DEPARTMENT OF HEALTH







-111	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11247 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3355
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Day Year 2b. HOUR
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nd 3. P. 3. P. 3.	3. 5	lost buthday) MONTHS DAYS HOLES MIN AA	Year 3:00
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24 hours in Hear I r's Office		William Colburn Stiffer, Sr. MABEL Claudia Olivia	HESS
nrul norul pag		WAS DECEASED EVER IN U.S. ARMED FORCES?  165, na, ar Linknawn) (1 yes give war or dores of service)  213-38-7219 (17 INFORMANT (MOTHE) 838-7323 ADDRESS 111 WEST B	my many 21014
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pen pen ief Å		OUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )	
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ICAL EXA execute for Page ed for you CTOR: Pog burnal, cre		22a 1 certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🧻, Inquiry 🗍,	and in my apınıan
blease exe director P etained fo DIRECTOR		death resulted fram Natural causes X Accident , Suicide , Hamicide , Undetermined manner	
		ACTUAL VIII ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL DATE OF	Cilen
be refu		SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE SI  EXAMINER'S Werner II. Sportz. M.D. DEPUTY MEDICAL EXAMINER   8/	20/68
TO DEPUTY necessary, the funeral 5 may be i 10 FUNERAL Heolth pri		EXAMINER'S Werner U. Spitz, M.D. DEPUTY MEDICAL EXAMINER (Type)  ADDRESS(Street, city, town, or county)	
<b>5</b> 5 € ~ <b>5</b> ±	230	DEMONAL (Spaceful	County) (State)
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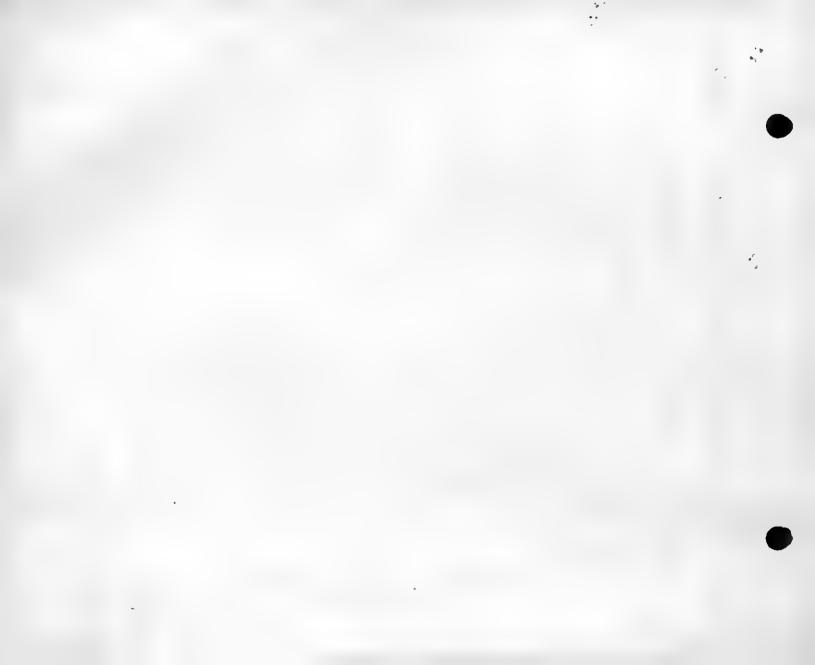


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	DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201 11 256				
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Page 4 O FUN:	DEMOVIAL (Candida)		LOCATION (City or Town) (County) (State)				
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4	be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signal by ye 3 should be detached for use as the burial-tanked with the State Dept. af Health prior ta burial, created with the State Dept. af Health prior ta burial, created with the State Dept.	¥		PLACE OF INJURY (AT HOME, FARM, STREET FAC	TORY,) 21f. LOCATION Street or R.F.D. No	. City or Town	County State
	the dete	Ł			1 1	01.1.	
N N	by Stat		22a. I certify that (I) (this	s haspital) attended the decease	ed from, 196	mon death occurred on the date	, that (I) (we) last
L NI	R: A		causes stated abave.	s haspital) attended the decease ve anl (I) (we) (djd) (did not) view the	badv after death.	mon death occurred an the date /	and nour and from the
A	# <b>5</b> 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	П	22b SIGNATURE	N/.		220,04	te signer ,
8	e 3 e d w	П	Jusen	1 Much	DEGREE PHYS D	MED. STAFF	8/18
AL	oy in page		22d. PHYSICIAN'S	FARENI AUELA	22e ADDRESS	INV. UZZOUTO AUTUUT	7
SPII	Page 4 may be retained by the haspital or attending 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior ta		NAME (Type) / DR.	JOSEPH SHEAR		ARK HEIGHTS AVENUE	
H 0	FUF FUF Foul	230	BURIA., CREMATION, 23b. D		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
2	5 5 2 A				W FRIENDSHIP	BALTIMORE, MARY	
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					DEPARTMENT-OF		44000
1/			DIVISION OF VITAL RECO	RDS, 301 W. P	RESTON STREET, BALT	IIMORE, MARYLAND 21201	21750
10		11252		CERTIFIC	ATE OF DEATH		
: 2 :	1 0	CEASED-NAME First	Middle		Losi	2g. DATE OF DEATH	2b HOUR
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車(高温)	3. SE	λ.	4. RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNCER 1 YEAR IF JADER 24 HRS MONTHS DAYS HOURS AMA
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oo I	14	ATHER'S NAME First	Middle	Last 1	S. MOTHER'S MAIDEN NAME	First Middle	Last
8 2 c		Charl	les H. Ta	awney	Nettie M.	Uhler	
nd de de	360	WAS DECEASED EVER IN U.S. AR			INFORMANT	Address	
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physic physic ovol,	$\vdash$				toall A, la	wiley Joo Duiktik	APPROXIMATE INTERVAL
ne death cer ottending p permit. The		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	and (c))			BETWEEN ONSET AND DEATH
eat end or r			ATE CAUSE (a)	luce 6	irest		45 mul.
offi on,		4104	DUE TO, OR AS A CONSEQUE	NCE OF			
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quires that t physicion. signed by the buriol-tronsit burial, crema		ast	(c) Como	enter 1	tent Luce	- E fulmon de	- 1/2 hours
equires physicio signed l buriof-tr buriof, c		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH		O THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART T(g)	
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ow or the	Š.	190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	206 IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
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G PHYSIC the hospit r this certii detached te Dept. of		DI WOLK DI WOLK					,
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Will Will			w 1 .	MA () DEGI	REE PHYS.	MED STAFF DIRECTOR PHYS.	DATE STONED
	l	22d. PHYSICIAN'S	beendund	PT DEGI	22e. ADDRESS	DIRECTOR - PHYS	
May be for the first the f		NAME (Type) /// . //	. TOWNSHI	= h		EAGER S	T BALTO, MI)
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HO FU	23a.	DENIGNAL IS TO		ME OF CEMETERY OR	· ·	23d LOCATION (City or Town)	(County) (State)
5 5 5 5 W					Cemetery	Falls Rd. Bal	
VR A15 (4)		FUNERAL DIRECTOR		DDRESS		BY REGISTRAR 25b. REG STRAR S	SIGNATURE
30M REV 1/68	M	itchell Wiedef	eld Home 6500 Y	ork Rd.	DAISEP	4 1968 Aclian	Les Jones



and the second	1	11253	DIVISION OF VITAL RECO	RDS, 301 W. PR	ESTON STREET, BALTIMO	RE, MARYLAND 21201	
	ı	主义をひ報		CERTIFICA	ATE OF DEATH		11261
€ = 2€		ECEASED-NAME Firs	st M ddle		Last 2d	D. DATE OF DEATH	2b. HOUR p
OR ATTENDING PHYSICIAN: The low remutes that the set if tate be executed within 24 leaves after leath. Be retained by the hespital or ottenling physicion.  SIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral e. 3 should be detached for use as the buriol-transit permit. Then please remays comen appearance of the leafth prior to buriol, cremotion, or removal, and in any event, within 27 hours after death.	1	(ype or print) Glei	nn I.	Tayl	or	August 31 Doy	1968 10:30 M
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The state of the s	70.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MADDIED (	NEVER MARRIED □ 9 CI	DUNTY OF DEATH	
72 4	€00	ntry)			THEFER HIMERICO	Baltimore	Md.
2 2	10	TITY OR TOWN OF DEATH	United States	OR INSTITUTION (if not	in hospital 120 USUAL OC	CUPATION (Kind of work done	12b KIND OF BUSINESS OR
看/亚哥.	5	Touron	United States 11 NAME OF HOSPITAL give street address) St. Jose ased lived, if institution. Residence to C. 136 COUNTY Middle	nh la Vaconi	during most o	f warking life, even if retired.)	INDUSTRY
ort, with	130.	USUAL RES DENCE (Where dece	osed lived if institution. Residence t	pris nospi	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
	odn	ssian) STATE	136 COUNTY	100, 011 010	ton D YES X NO		+ C
strificate be execu physicion ond con en please remove evol, and in ony el	/ <del>       </del>	EATHERS NAME Fort	Middle	Washing	MOTHER'S MAIDEN NAME First	Middle	t. Southeast
e =	114.						
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icat Sici	100	WAS DECEASED EVER IN U.S. AF es, na, ar unknawn) (If yes give	war or dates of service)			r 1820 23rd	C+ C F
Phy Phy ovo	-				arte a ravio	or Toyn Str	APPROXIMATE HITERVAL
ie in the contract of the cont		TB. CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), a SED BY:	and (c).)			BETWEEN ONSET AND DEATH
e in it		1 AMMED	DIATE CAUSE (a)Int	racranial	<u>Hemorrhage</u>		
off per ion,		4519	DUE TO, OR AS A CONSEQUEN	ICE OF			
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phy phy burn burn		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUY NOT RELATED TO	THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
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lov enill s be s t cos t	CERTIFICATION	190 DATE OF OPERATION 198	b. CONDITION FOR WHICH OPERATION I	WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
事	I				YES NO DE	CAUSES OF DEATH?	
are eol		210. ACCIDENT WAS UNDERLY	ING 216 TIME OF INJURY	21c. HOV	V INJURY OCCURRED (Enter nati	ure of injury in Part 1 or Part 2,	Item 18.)
CCA Fifting Participation of the Participation of t	MEDICAL	OR CONTRIBUTING CAUSE OF OE	ATH HOUR A.M. Month Day P.M.	19			
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NG Ter ter tate	1	22o, I certify that (I) (t	this hospitol) ottended the do olive on 8/31/ ve, (I) (we) (did) (did not) view	ceosed from Aug	ust 20. , 19 68.	, to August 31, 19	_68 , that (I) (we) lost
ND ND Id B	1	sow the deceosed	olive on 8/31/	19. <u>68</u> , ond	that in (my) (our) opinior	deoth occurred on the do	te ond hour ond from the
Sin			ve, (I) (we) (did) (did not) viev	v the body offer de	eatn.		
With Wind	П	226. SICNATURE		DEGRE	ATTENDING MED MED DIRECT	CTAFF	DATE SIGNED
Egg B P	1	22d. PHYSICIAN	en -	DEGRE	22e. ADDRESS	OR PHYS. L.J. 9	1-T-00
Moy RAIL Per Fee		NAME (Type) Ten	mael O. Jamora M.	. D.	7620 York F	Rd. Towson, M	d. 21204
DSP Fine Fine Fine Fine Fine Fine Fine Fine				ME OF CEMETERY OR C		d. LOCATION (City or Town)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the sent certificate be exectly a may be retained by the haspital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and condirector, page 3 should be detached for use as the buriol-transit permit. Then please remay should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any	230						(County) (State)
5-5-3	0.4	EUNEDAL DIRECTOR	7/4/68 Fo	Lr Pluco	in cemetery	Colmar, Man GISTRAR 256. REGISTRARS	or Maryland
VR A15 (4) 30M REV. 1/dB)	24.					6 1968 gelia	vla Judge
30M REV. 1708.		JUU 4th St	ne. Washingto	on, D.C.	DATESEP	0 1300	Low Kind

MAKTLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11254 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1,062
HEALTH DEPT.		ECEASED NAME O First - Middle Lost Teacler 20 DATE KNOWN OF Month	Dov Yeor 2b HOUR
5 D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(,	(YPE OF Print) RAYMUND J. DEATH MATED DEATH MATED	19 M
de o	3 51	A RACE S DATE OF BIRTH 6 AGE (a years F UNDER YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS GAYS HOURS MAIN Doy 12-15-09 S YRS	Year 1968 72 M
farm P		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY?  W.DOWED DIVORCED 9	Md
The state of the s	10 (	ITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol during most of working I fe, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working I fe, even if retired)	12b K ND OF BUS NESS OR INDUSTRY A R
	13o	USUAL RESIDENCE (Where deceosed I ved, if institution Residence before 13°C TY OR TOWN 130 MISTORE CTY LIMITS? 13e STREET AND NUMBER Baltimore YEST NO 1608 WALKE	R AVE.
24 haurs or in them 18 urs Office of the Street of the str	14 F	ATHERS NAME A Flysbert Modie Foodbox Is. MOTHERS MAIDEN NAME First Middle	Steete
within 24 pencil in xaminer s ile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17 INFORMANT M. Tregues Tegeler  85. no grantyown) (14 feb. social serve) 274-78-5814 Viola M. Tregues Tegeler	
INER: This certificate should be executed within 24 haurs a should be farwarded to the Chief Medical Examiners Office al files.  3 should be used as a burial-transit permit. File pages Tand 2 whatian, ar remayal, and in any event within 72 haurs after decomplished.		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  MYO CARDIAL (NFARCTON)	APPRDAIMATE INTERVAL BETWEEN ONSET AND DEATH
d pen Chef M ransit p		Conditions, if only, which gove is to immediate couse (o).	
rerificate should writing the ward rwarded to the C sed as a burial-trayed, and in any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  (c)	
freate ing th rded t as a as a ll, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
its, writing the farwarded the used as a tremaval, and	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MINER: This certifulate writh the certificate, writh 4 shauld be farwar ur files.  e 3 should be used smatian, ar remava	MEDICAL CERT	210 EXTERNAL CAUSE WAS   210 TIME OF INJURY Month, Doy, Year   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 2, III HOW INJURY OCCURRED (Enter nature of injury in Part 3) or Part 3 or Part	
bical EXAMINER: se execute the cert: crar Page 4 shauld ned far your files. ECTOR: Page 3 should burial, crematian,	MED	2 d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street white AT WORK AT WORK AT WORK AT WORK	County State
L EXA cecute Page far you DR: Pag		22a   certify that   taak charge of the remains described above, held an Autapsy, Inspection, Inquiry	ond in my opin on
JICA Jease et director etoined DIRECTO or to bur		deoth resulted from Notural causes , Accident , Suicide , Homicide , Undetermined manner	
pleasing ple		ACTUAL SIGNATURE MEDICAL EXAMINER 220 DATE	SIGNED
EPU Ssai func func func func func func func func		EXAMINER'S WILLIAM A. PILLS BURY DEPUTY MEDICAL EXAMINER DADDRESS (SVENT, CONFIGURATION) MIL.	8-30-68
TO DI nece the S m TO FU	230	BURIAL CREMATION 236 DATE 9/3/68 236 NAMY OF CEMETERY OR CREMATORY PROPERTY OF CREMATORY DATE OF COMPYTED CONTROL 23d LOCATION (1917) OF TOWN/11 d.	(County) (Stote)
VR A)5ME (5) " 10M REV 1/68	24	Leonard J. Ruck Inc. Balto. Md.   250 RECO BY REGISTRAR 256 REG STRARS	SIGNATURE .
	1		ペアナナギティングラム

- Charling



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 20. DATE OF DEATH DECEASED NAME hin 24 hours after death death (Type or print) August 20.1968 Joseph Terracina 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR last buthday) November 18.1889 7o BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Italy U.S.A. DIVORCED [7] Baltimore WIDOWED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR during most of working life, even if ret.red ) give street address) 5027 Johnnycake Road Penne R.R Catonsville, Md 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JIMJISP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed odmission) STATE Maryland 13b COUNTY TO YES [7] Catonsville 5627 Johnnycake Rd. 2120 and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Last Rose Joseph Terracina deceased deceased) 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, no or unknown) director, page 3 should be detached far use as the b≡rial-transit permit. Then pi s≣ould be filed with the State Dept. af Health priar ta □urial, crematian, ar re≡aval, Mrs Maria Terracina, 5627 Johnnycake Rd. no 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) (letter o - 3 which y - PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) chiscine (my & English of Face) hence BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 196 DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO I 21b. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. P.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS. 22e. ADDRESS 22d. /PHYSICIAN'S Dr. Joseph Liberto 13 ank 3508 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (Stote) 230. BUR; AL, CREMATION, REMOVAL (Specify) 8/24/68 New Cathedral Cemetery Baltimore. Maryland 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1968 Witzke, 4101 Edmondson Ave., 21229 30M REV. 1/68



		MARTLAND STATE DEPARTMENT OF HEALTH
1		11256 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11064
		CERTIFICATE OF DEATH
death.		CEASED-NAME First Middle Last 20. DATE OF DEATH 2b HOUR ype ar print) 2 Month Doy Year
and death	<u> </u>	Goldle Louise Homas And 12 1968 11:45 AM
director, page 3 shauld be detached for use as the burial transit permit—then please remave carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after	3. SI	Part high days   Months   Mayer Months   May
2	L	12-8-20 3.9 rs.
		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED 19 COUNTY OF DEATH
		Baltin ove M. S. H. WIDOWED DIVORCED BATCHTON'S COUNTY Md.
		TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12 INDUSTRY
1		Mount Wilson St. Hsop.
		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 7/8 W Malberry SA.
1	14	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
7	17	Paul: Tennesses Katherine Taylor
	760	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address
		(es, not, or unknown) (If yes give wor or do to so f service) 2/2-26-757/Records, Mt. Wilson State Hospital
		18 CALLSE OF DEATH (Enter only one cause per line-for (a) (b) and (c))
	L	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PULLMONARY FIBROSIS  3'5 46 PRS
	L	DUE TO, OR AS A-CONSEQUENCE OF
		Conditions, If any, which gave rse to immediate cause (a), (b) BRONCHIECTASIS
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	CERTIFICATION	YES NO CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
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		22a. 1 certify that (1) (this haspital) attended the deceased from Fals 9, 1965, to Ang. 12, 1968, that (1) (we) last
		22a. I certify that (I) (this haspitol) attended the deceased from Fah. 9, 1965, to Ang. 12, 1965, that (I) (we) last sow the deceased olive on 12, 12, 1965, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
		226. SIGNATURE
		1/ MUNTENSUL DEGREE PHYS.   DEGREE P
		22d PHYSICIAN'S 22e. ADDRESS
1	1	NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland
	<b>2</b> 3a	BHRIAL CREMATION, 336 DATE 23R. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Journ) (County) (Stone)
		Built 8 11 68 ont auburn Ballinia mo
\$-D	24.	FUNERAL DIRECTOR CALL ADDRESS  2SG. REC D BY REG STRAR DATE AUG 1 3 1968  CHAPTER COMMENTS  ADDRESS  A
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20 DATE OF DEATH 2b HOUR First Middle DECEASED NAME within 24 haurs after death. (Type or print) 1968 LOUIS S. THOMAS 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR LE JNDER 24 HRS. 3 SEX lost birthdoy) MONTHS I DAYS HOLRS APRIL 1. 1895 MALE WHITE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8 MARRIED A NEVER MARRIED country) LEBANON WIDOWED [ DIVORCED [T] BALTIMORE. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) campletely ove carbon JOSEPH HOSPITAL TOWSON Realtor 13e. STREET AND NUMBER 13g USUAL RES DENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? requires that the death certificate be executed 13b. COUNTY BALTIMORE YES [ NO W 1316 GLENMONT RD 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost the attending physician and sit permit. Then please re Tandus Shalhaur Diamond transit permit. Then please crematian, ar remaval, and i 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) Mrs. Lena S. Thomas-1316 Glenmont Rd. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a)

Congesti BETWEEN DISET AND DEATH Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Myocardial infarction signed by the burial-transit p burial, cremation Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from August 4 , 19.68 , to August 2019.68 , that (I) (we) lost saw the deceased olive an August 20 , 19.68 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED DIRECTOR Aug. 20, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 7620 York Road, Towson, Md. 21204 NAME (Type) Luis Renjel, M.D. 23d LOCATION (City or Town) (Stota) 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Holv Redeemer Cemetery 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home-6500 York Rd. 21212 1968 VR A15 (4) 5 30M REV, 1/68 DATE AUG 26



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14 1	I			ERTIFICATE OF DEATH		11568			
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equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar removal	Г	18. CAUSE OF DEATH (Enter only	ane cause per line for (a) (b), and (c).			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH			
Seath endi mit.		PART I. DEATH WAS CAUSED E	CAUSE (o)	carcinoma of the					
he c per per tian,	L	(Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF		nassive pulmonary				
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YSIC cert thed pt. a	MEDICAL	21d INTURY OCCURRED 121e PL	P.M. 19 ACE OF INJURY / AT HOME, FARM, STREET, FAC	TORY.) 21f LOCATION Street or R.F.D. No.	o. City or Town	Caunty State			
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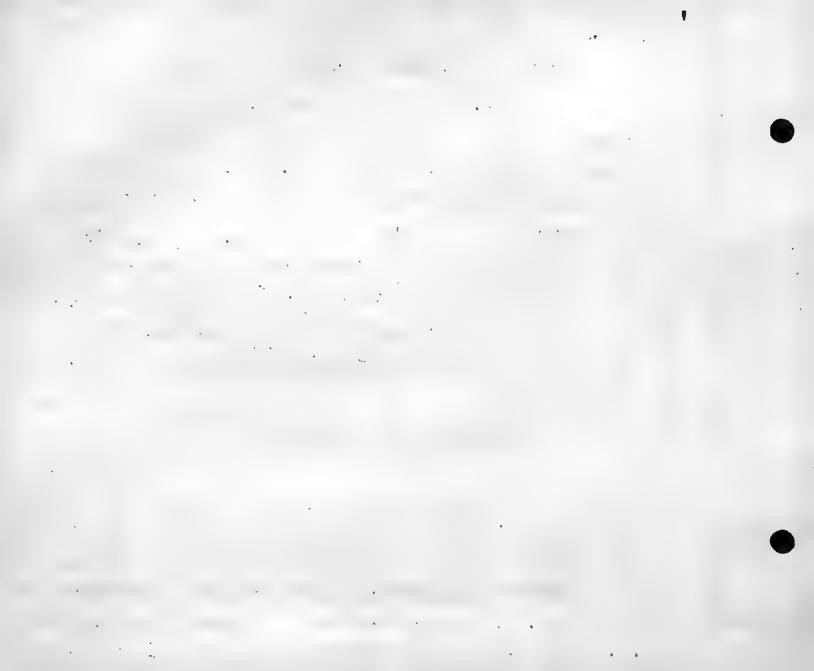




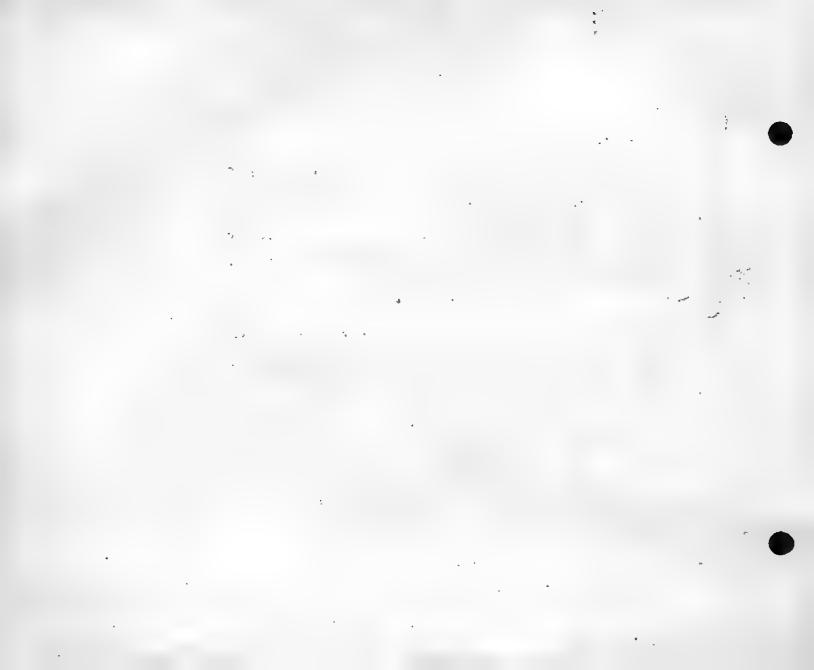
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er deal	3 SE	X	14 RACE	17-136	DATE OF BIRTH	6. AGE (In yea	rs IF UNDER YEAR IF UNDER 24 HRS
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Phy Sign		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO 1	HE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	
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OR be r DIRE		10	fullet than	199 DEGREE	PHYS L	DIRECTOR LJ PHYS LJ	Y/24/C/
AL Page efficient		22d PHYSICIAN'S NAME (Type)	00. 10.0	~	22e ADDRESS		/ / /
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HO.	23 o	BURIAL, CREMATION, 23b.	DATE 23c NAM	OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town	i) (County) (State)
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4	24	FUNERAL DIRECTOR	ADC	RESS	2Sa RECL	F REGISTRAR 1968 25b. REGIS	IRAR'S SIGNATURE
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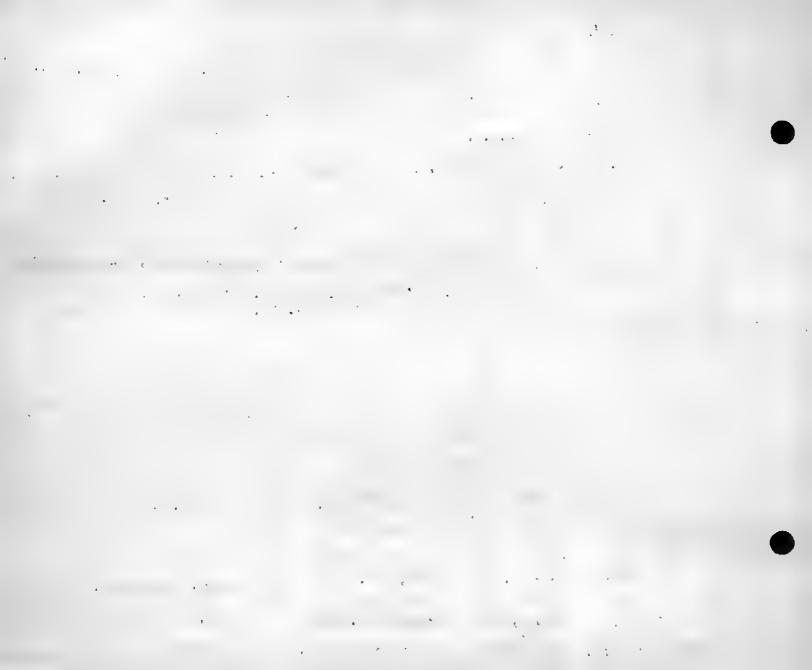


1		ATE DEPARTMENT OF HEAL		
١'	11263 DIVISION OF VITAL RECORDS, 301 VITAL RECORDS, 301 VITAL RECORDS	V, PRESTON STREET, BALTIMOR	RE, MARYLAND 21201	11071
	1. DECEASED-NAME First Middle (Type or print) Margaret Veronica	WALSH 2a.	August 23	1968 2b. HOUR
	3. SEX 4. RACE Cauc.	5. DATE OF BIRTH  November 25. 18	0.1100 (11.100)	IF UNDER 1 YEAR IF UNDER 24 HRS AGNITHS GAYS HOURS MIN
	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MAI		UNITY OF DEATH Baltimore	Md
1 ~	10. CITY OR TOWN OF DEATH  Towson  11. NAME OF HOSPITAL OR INSTITUTION  give street oddress  1001 Wes	t Joppa Rd duning most of	CUPATION (Kind of work done working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY Teacher
~	- t-f-l-1 culture	TY OR TOWN 13d INSIDE CITY LIM TSO  VES NOXX	130. STREET AND NUMBER 1001 West Jop	pa Road
1	14 FATHER'S NAME First M.ddle Lost Anthony Walsh	15. MOTHER'S MAIDEN NAME First Ann	Middle	Boyle Lost
1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or unknown) (Il yas give war or dates of service)		Ol West Joppe R	oad
i	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave nose to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	Bound Ide  To THE TERMINAL DISEASE OR CONDIT	Lipschuff Lipschuff Schlacke TION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSSY AND CHATH
X	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORME  21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	20a. AUTOPSY? YES \ NO \	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLYING    OF CONTRIBUTING   CAUSE OF GRATH     OF CONTRIBUTING	Tc. HOW INJURY OCCURRED (Enter natur	re af injury in Part 1 or Part 2, Ite	em 18.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) While Not while at work at work	P.F. LOCATION Street or R.F.D. No.	City or Tawn	Caunty State
	22a. I certify that (I) (this haspital) attended the decreased from saw the deceased alive an accuses stated abave, (I) (we) (did not) view the bady of	, and that in i my i (ours'abinian	death accurred on the date	
	22b. SIGNATURE  22d. PHYSICIAN S	ATTENDING MED. DIRECTO  22e. ADDRESS	STAFF C	ATE OF GNED
	NAME (Type) Charles F. O'Donnell	7501 York		more, Md 21204
	230. BURIA. CREMATION 23b. DATE 23c. NAME OF CEMETER 28c. NAME OF CEMETE	emetery T	L LOCATION (City or Town) Owson, Baltimor	(County) (State)  e Maryland
18	24. FINTER POIRE TO BE ADDRESS ADDRESS ADDRESS ADDRESS Hei	I ALLC	25b. REGISTRAP 5 SI	GNATURE LUGAR.



1 1		11264	DIVISION OF	VITAL RECORDS,	301 W. PRE	STON STREET, B	ALTIMORE, M	ARYLAND 21	201	440	72
		まれたび書	2.00	TOO TIE	CERTIFICA	TE OF DEAT	H			who all is	
± −2±		CEASED NAME First		Middle		l.ast	2o. DATE	OF DEATH		.,	2b. HOUR
death neral and 2 death.	$\Gamma_0$	ype ar print) Roy		Edward	W	alsh		8 Manth	5 Day	68 <sup>Year</sup>	8:33pM
e e	3. SI	X	4. RACE		S.	DATE OF BIRTH		6. AGE (In ye	eors	F JNDER 1 YEAR	IF UNDER 24 HRS.
<b>E S E</b>	ı	fale	Ca	u		5/29/20		last birthdo 48	yrs.   M	ONTHS DAYS	HOURS MIN.
hours after death		BIRTHPLACE (State or foreign	7b. CITIZEN OF WE	HAT COUNTRY?	8 MARRIED CH	NEVER MARRIED	9. COUNTY				
	cou	New York	USA		WIDOWED [	DIVORCED 📄	Bal	imore			Md.
within 24 filled in paper		ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS street address) ater Balto		Contor derin	USUAL OCCUPATION of working the state of working the state of working the state of	ON (Kind of wor	k done etired)	12b. KIND OF INDUSTRY	
wi arbo ir, w	_	USUAL RESIDENCE (Where deceas			113c. CITY OR TO			STREET AND NUM		Real	otate
cate be executed with sician and campletely follows remaye carbon , and in any event, with	adm	ssian) STATE Md.	136 COUNTY	<u> Falbot</u>	Easton	YES _	NO 🗗				
omd or rem	14. 1	ATHER S NAME First	Middle	Lost	1S. A	NOTHER'S MAIDEN NAI	ME First	N	liddle		Lost
n all	L.	Roy		Walsh			Bessie			Rodi	er
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the haspital an attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and campletely filled.  E. 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pape and with the State Dept. of Health priar ta burial, crematian, promoval, and in any event, within 72 and with the State Dept.	16a	03, 110, 01 0111111111111111111111111111	ED FORCES? ar or dates of service)	49,500 A SECURITAL 215-724-716		P. Roy L	E. WAL	SH	EAS 7	TON	1/2/2
9 0 5		18. CAUSE OF DEATH (Enter on	y one couse per hi	ne far (a), (b), and (c).	)						MATE INTERVA, MSET AND DEATH
		PART I. DEATH WAS CAUSED	BY TE CAUSE (o)			n and nec	rosis of	high c	ervio	al	24 hrs
offending.		, , innervie		AS A CONSEQUENCE OF				al cord			
t the the carrier parties	ı	Conditions, if any, which gave }	(b)		ic samen	ous cell	•				
hat n. sy th ans		rise to immediate cause (a), stating the underlying cause (		AS A CONSEQUENCE OF		0,10					
es t icia il-tr		last.	(c)	Primary s	quamous	cell car	inoma_o	tongue	<u> </u>		
quires that t physican. signed by the burial-transit		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBU								
Ter paragraph of the pa		14/9 Diabetes	mellitus								
s # s	100			IICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FI	NDINGS CON	SIDERED IN C	RTIFYING
the artte has has har	CERTIFICATION					YES NO	CAU	SES OF DEATH?	Yes		
Are are as a salt		210. ACCIDENT WAS UNDERLYIN	G 21b. TIME O			INJURY OCCURRED (	Enter noture of i	njury in Port 1 a		m 18.)	
SICIAI spital entificc ed fa	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	Month Day Year	9	Tion 6 Dro	AL .			C	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the buriol-transit should be filed with the State Dept. of Health prior to burial, cremating	_	at work at work		( AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC				ity or Town		County	
by 1 frer be o	ш	22o. I certify that (I) (th sow the deceased ਹ	s haspital) att	ended the deceas	ed from	7/14	9_68, 10_	8/5	, 19_ <u>F</u>	8_, that	(I) (we) last
TEND ined OR: A auld 1		sow the deceased ਹ causes stated above	ive on , (I) (we) (did)	(did not) view the	body after de	thot in (my) (our) ath.	opinion deot	h occurred or			and from the
With Figure A		22b. SIGNATURE	70		. ^	ATTENDING	MED.	STAFF	-	TE SIGNED	
DIR be		1310	we C.	Srow,	りし、DEGREE	PHYS.	DIRECTOR L	PHYS. X	1 8/	5/68	
AL AL BEG		22d. PHYSICIAN'S NAME (Type) Charlo	- C D	, , ,		22e. ADDRESS	Ob and	on Chuna	. 4		
VER TOTAL		Charle		wn, M.D.			. Charl				10
8 8 5 1 2 C	23 q	BURIAL, CREMATION, 23b. I			CEMETERY OR CE			ITION (City or To	,	(County)	(State)
5 5 5 JK			8-1968		Church	Yard	CID DV BECKETOA	ye Mill	s, Md		
VR A(S)	24	FUNERAL DIRECTOR	*	ADDRESS	· m		C'D BY REGISTRAI		OISTRAK 5 SI	OMAIUKE (1	4.5
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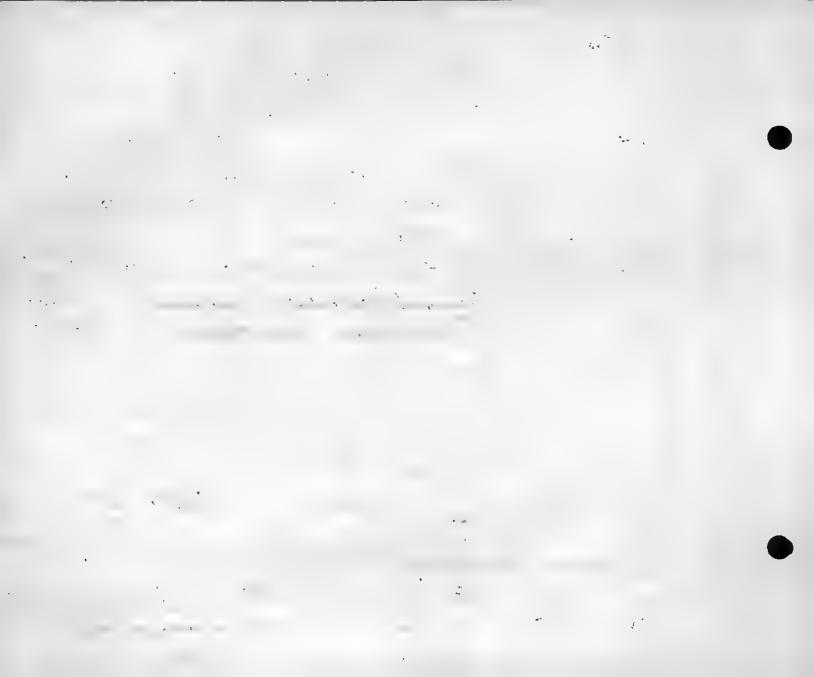




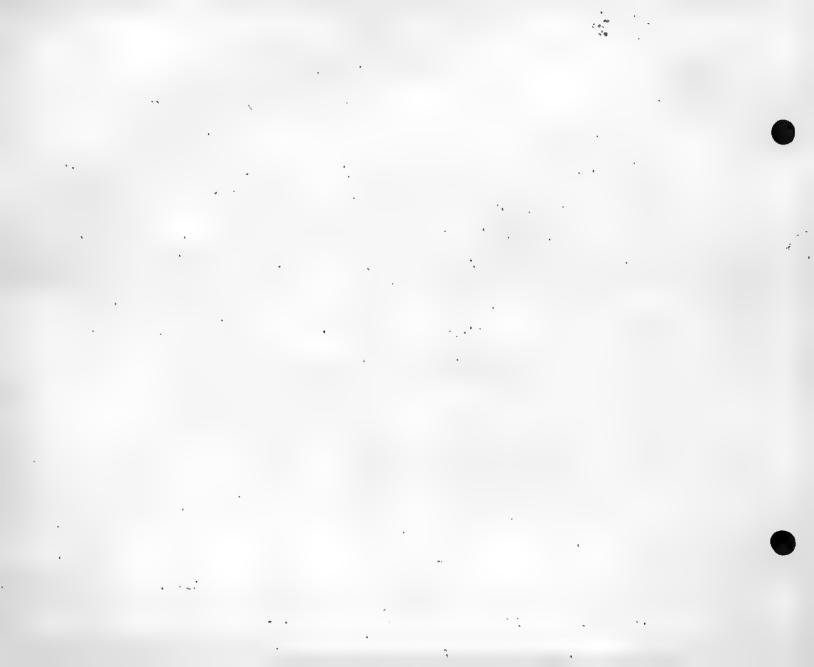


1	1	11267	DIVISION OF VITAL RECORDS	301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	12075
t to		ECEASED NAME Type or print)  GTLBE	Middle	Lost	20. DATE OF DEATH  MODIN  AUGUST  TO	1968 2:42Am
after de	3 58	MALE	4. RACE NEGRO	S. DATE OF BIRTH 5/13/92	6. AGE (In years	FUNDER 1 YEAR FUNDER 24 HRS DITH'S DAYS HOURS MIN.
hours thours Pers Po	70 coul	BIRTHPLACE (Stote or Foreign ntry) <b>EERT CO. MARYLAN</b>	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED		Md.
vithin 24 mithin 24 mithin 24	10. 0	CITY OR TOWN OF DEATH FORT HOWARD	11 NAME OF HOSPITAL OR !!	SPITAL 12	o USUAL OCCUPATION (Kind of work done or most of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY LTON SWARTZ CO
complete on complete	13a adm	USJA. RESIDENCE (Where deceoses issian) STATE MARYLAND	d lived, if institution: Residence before		IDE CTY LIMITS? 13e STREET AND NUMBER	
ote be executed icion and comple lease remove coland in any event	14.	FATHER'S NAME First WILLIAM	M ddle tost WATKINS	IS. MOTHER'S MAIDEN	NAME First Middle  ISABELLA	HARRIS
ertificate b physicion o nen please navol, and in	160. )	WAS DECEASED EVER IN . S. ARME (es. nn. or unknown) (11 yes goe wor YES	to FORCES? Torr dates of service) 16b SOCIAL SECURITY 220 30 08		Address OS, VA HOSPITAL, FT HO	WARD, MD.
ot the death c the attending nsit permit. If motion, or rem		PART I DEATH WAS CAUSED IMMEDIAT  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c) DITIONS CONTRIBUTING TO DEATH BUT	ARCINOMA OF PANO	CREAS WITH METASTASIS  ASE OR CONDITION GIVEN IN PART 1(0)	APPROLIMATE INTERVA; BETWEEN CHISET AND DEATH
AN: The low required or ottending plicate has been signated for use as the buffer the biffer the buffer the bu	AL CERTIFICATION	190 DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS I	ERFORMED 200. AUTOPSY? YES  21c HOW INJURY OCCURRED	NO CAUSES OF DEATH?  O (Enter nature of injury in Part 1 or Part 2, Ite	
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TO HOSPITAL OR ATI Page 4 may be retai TO FUNERAL DIRECTO director, page 3 should be filed with		226 PHYSICH GEORG	GE C. MC ELFATRIC	DEGREE ATTENDING PHYS  K, M. D. 22e. ADDRESS  VAH 1	DIRECTOR DIRECTOR DIVINISH TO STAFF PHYS. ** TOWARD, MARYLAND	te signed B/1/68
TO HO: Page A To FUN shoul	L		. 7, 1968 BALT	F CEMETERY OR CREMATORY  IMORE NATIONAL	23d. LOCAT ON (City or Town)  BALTIMORE, MARY	
VR A15 (4) 30M REV (68)	24	FUNERAL DIRECTOR OF KILL	JOSEPH L.	RUSS FUNERAL HOOTTH Ave. Balt M	MIAU EGERAR 1968 REGISTAL	wes Judge

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				STATE DEPARTMENT O		
1		11970 D	IVISION OF VITAL RECORDS, 3			11248
	/	77634	CE	RTIFICATE OF DEAT	Н	
4 -24 4		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
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filled in 72	10	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR INSTA	FUTION (If not in hospital 120.	USUAL OCCUPATION (Kind of work done as most of working life, everifice) ired )	12b. KIND OF BUSINESS OR INDUSTRY
be executed within 24 hours after deoth nond completely filled in by the funeral e remove carbon papers. Page i and 2 in ony event, within 72 hauf after equit	0	OCKEYSVILLE	MARYLAND MA	SONICHOME "C	HURCH DEC	CHUKCH
plet cor cor	130 adm	USUAL RESIDENCE (Where deceased	lived if institution Residence before	3c, CITY OR TOWN Jad INSIDE	NOTX 13e STREET AND NUMBER	1.1.0
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sicion pleas		WAS DECEASED EVER IN U.S. ARMED es, no, grafighnown) (It yes give word		220 0 C Comell	Roy And Address	wie horma
hen hen	⊨	/\D.	9/8-42-00	298. Oximul	ngs III. anasi	APPROXIMATE INTERVAL
# # E		18 CAUSE OF DEATH (Enter only - PART I. DEATH WAS CAUSED B	one couse per line for (a), (b), and (c)		1	BETWEEN ONSET AND DEATH
e deat offend orn, or I		IMMEDIATE	CAUSE (0) Mente	ronary a	very Etler	~
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troin the cre		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	and the		
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regular Physics Signature of the signatu		,	HOUS COMINIDATING TO DEATH BUT NOT	KELATED TO THE TERMINAL DISEASE	OKTORDITION GIVEN IN PART 1(0)	
law rending been street ior to	NOL	190, DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PERF	ORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The law requires that the ded attending physician. has been signed by the ottence as as the buriol-tronsit permit th prior to buriol, cremotion, or	CERTIFICATION	TYO. DALE OF OTERNIOR	THE PART OF THE PA		CAUSES OF DEATH?	TOTAL THE TANK THE THE TANK TH
AN: The law rall or attending in a seen cate has been for use as the Heolth prior to	ER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		(Enter nature of injury in Port 1 or Port 2,	, item 18.)
PHYSICIAN: e hospital or his certificate stoched for ur Dept. of Heal	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. Month Doy Year		, , , , , , , , , , , , , , , , , , , ,	,
YSIC ospi cert cert hed	鋻	21d INJURY OCCURRED 21e. PL	ACE OF INTERY LAT HOME FARM, STREET, FACTO	RY.) 21f. LOCATION Street or R.F.C	). No. City or Town	County State
he har this letoc	ı	While hot while at work of work	OFFICE BLILDING, ETC.			·
ATTENDING etoined by th CTOR: After t should be d		22a. L certify that (I) (this	hospital) attended the deceased	from then to	1965, to A Wast 1819	9 6 8 , that (1) (we) last
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI	П	saw the deceased aliv	e an Trovala 14	📶 , and that in (my) (aur)	apinian death accurred on the d	ate and hour and fram the
Ognico di tra	ш		I) (we) (did) ( <del>did not)</del> view the bo	idy after death.	- AM.	DATE CIGNED
R A A ret a skirt	L	22b SIGNATURE	1 Man Ju	DEGREE PHYS	MED PER STAFF	DATE SIGNED
		22d. PHYSICIAN'S	uf Franklie	DEGREE PHYS. L.	DIRECTOR PHYS.	710/00.
RAI RAI Pe f		NAME (Type)	HIN HAMED	MASO	NIC HOME:	Colkers Ville, Mar
Poge 4 may be retained by the hospital or attending physician.  Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled it director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72	230	BURIAL, CREMATION, 23b_DA	TE 23c NAME OF CE	METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
Pog Pog dire	200	DEMOVAL (Specify)	-0 10/0	don (1-ARK	Bui	ore
= =	24.	FUNERA DIRECTOR	ADDRESS	Porche Ref 250. RE		S SIGNATURE
VR A15 (4)	N	7. Cook- BRook.	s lowson Towson	md 2120 DATE	NOO 2 0 1000 400	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a DATE OF DEATH DECEASED-NAME s. Fages 1 and 2 haurs after death. executed withus 24 hours after death Month funeral 1 and (Type or print) US S DATE OF BIRTH AGE (In years IF LINGER 1 YEAR lost birthdoy) MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED MIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR CITY OR TOWN OF DEATH **INDUSTRY** mpletely 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before) \$25, CiTY QR 13e. STREET AND NUMBER 43a. INSIDE CITY JIMITS? odmission) STATE COUNTY NO [ 4x00RC remos co 14 FATHER'S NAME Middle Lost MAIDEN-NAME First requires that the death certificate be Se burial, crematian, ar remaval, and IN U.S. ARMED FORCES? INFORMAN' Yes, na, or unknown) APPROXIMATE 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health priar to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION IF YES, WERE 20o. AUTOPSY? CAUSES OF DEATH? NO [ YES P Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. County State City or Town While Not while of work 1938, to Cinca 22a. I certify that (N) (this haspital) attended the deceased fram\_ saw the deceased alive an analysis of the causes stated above (1) (was (aid) laid not) view the body after death. 22c DATE SIGNED 22b SIGNATUR ATTENDING MED. DIRECTOR DEGREE PHYS 22e ADDRESS PHYSICIAN'S Richard A. Rosewood State Hospital Jones NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230. BURIAL CREMATION, REMOVAL (Specify) 250. RELD SY SEGISTRA 1968 256 2 Baltimore Bal timore Sons 80 Co 30M REV 1 30





4 1		11273 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A -
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1781
HEALTH DEPT.		ECEASED NAME First Moddle Lost 20 DATE KNOWN Month OF ESTI AUG .	7 68 25 HOUR
deloy	3 S		Year 1968 A.M.
orm Pe Depo		BIRTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WILDOWED DIVORCED Baltimore 2122	7 Md
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rs ofter 18. Gw e along 2 with th death,	13a 0	USUAL RES DENCE (Where deceosed lived, it instituted here before 13c. CITY OR TOWN 13d MISIDE CITY, MITS? 13e STREET AND NUMBER dmiss on) STATE MG. 13b COUNTY 1/2 CAC , Was monthly of YES NO 50 COUNTY 1/2 CAC , WAS MONTHLY NO 50 COUNTY 1/2 CAC , WAS MONTHLY NO 50 CAC , WAS MONTHLY	Hanco St
of The second of	14 1	ATHER S NAME First Middle Jung 15 MOTHER'S MAIDEN NAME First Middle	Lost
The second secon		WAS DEPASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO. 17 INFORMANT) ADDRESS - 165, no. or unknown 165 - 07 - 07 20 20 20 20 20 20 20 20 20 20 20 20 20	ne)
		18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), ond (c) PART 1. DEATH WAS CAUSED BYMMEDIATE (AUSE (a) Congest ive Hart Failume	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  6 Days
be executed "pending" in nief Medical E ansit permit f event within		Und t ons if ony, which gove use to mmediate cause (a)  (b) Atheroselerotic Cardiovascular dis.	10 yrs.
should be en word "per or the Chief buriol-transit I in ony ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be feate, writing the word be forworded to the Cl do be used as a buriol-tr or removal, and in any	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ate, writing forward be used by the second b	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO S
. far and a second	MEDICA, CER	2 o EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH PM 19	n IB.)
XAMINER: tre the certing 4 should your f.les. ogg 3 shou crematian,	ME	21d INJURY OCCURRED  WHILE AT WORK  AT WORK  21e PLACE OF INJURY (At nome, form, street, street, at work at wo	Caunty State
AL Executive Poly for for riol,		220. I certify that I took charge of the remains described above, held on Autopsy Inspection I. Inquiry I. death resulted from Strayord causes Accident Suicide I. Homicide I. Undetermined manner	
please I direct retain		ACTUAL SIGNATURE ACTUAL	
necessary, please ethe funeral director 5 may be retained for EUNERAL DIRECT Health prior to bu		EXAMINER'S NAME (Type J. Nelson McKay, M.D. DEPUTY MEDICAL EXAM NER AUG	.4, 1968
5 a 4 2 5 4	230		County) (Stote)
VR A15ME (\$)	75	CURTIS E. EVANS Charles PATIANG 6 1968	CNATURE

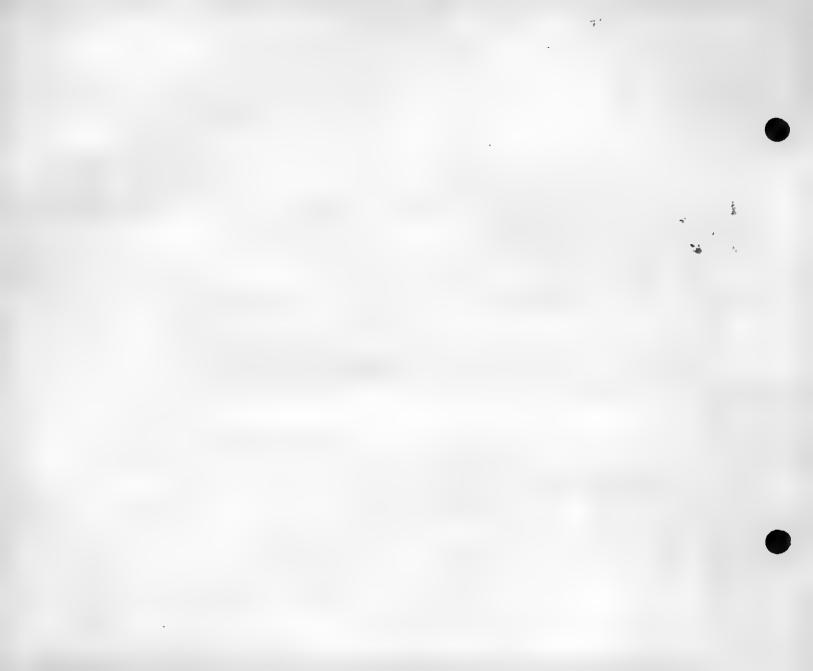
MARYLAND STATE DEPARTMENT OF HEALTH



_ 1					D STATE D						
Т	1127:		IVISION OF VI	TAL RECORDS,	301 W. PRI ERTIFICA			MORE, MAR	YLAND 21201	-15	83
ì.	DECEASED-NAME (Type or print)	CARRO:	LL	Middle JAMES	WII	Last		2a. DATE OF	Month 8		68 <mark>11:39</mark>
3	SEX MALE			UCASIAN	5	DATE OF BIR 6/23/			6 AGE (In years last birthepy)	IF UNDER 1 YEA MONTHS DA	
C	BIRTHPLACE (State of	nd.	. CITIZEN OF WHAT	A	8. MARRIED X	DIVOR	CED 🗍		IMORE		Md
	Towson		give stre	of Hospital or INS et oddress) GB	INC .	,	Jerv.	ce For	(Kind of work do its, even it retired CEMILIE		of Business or chone (o.
od		ryland	136. COUNTY B	iltimore	Timoni	um	36 INSIDE CITY LIM YES NO	<ul><li>213</li></ul>	Lochnel	l Road	
		First erick W		Lost		Man	iden name fir garet		Middle		lost
1	Yes, 10, or unknown)		FORCES?	b. social security i 212-05-06		ormant mily n	ne conds		Address		ROXIMATE INTERVAL
	Canditions, if any rise to immediat stating the under last.	H WAS CAUSED B IMMEDIATE which gave e cause (o), lying couse	CAUSE (o) G.  DUE TO, OR AS (b) P  DUE TO, OR AS (c) PO	for (o), (b) ond (d). ENERALI A CONSEQUENCE OF ERBORAT	ZED PE ED ACU ATIVE	INFEC	D CHR			BETWEI	EN ONSET AND DEATH
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MARILAND STATE DEPARTMENT OF HEALTH	
1 11276 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1001
CERTIFICATE OF DEATH	1284
I DEFERSED HAME First Middle lost 20 DATE OF DEATH	2b. HOUR
	Year 2002
Raitely Muylur o 10 wo	1 XIM
3. SEX  4. RACE  4. RACE  5. DATE OF BIRTH  6. AGE (In years   If UNDER  MONTHS  MONTHS	R ) YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.
6-8-1880 (ast brillian) YRS (2)	7 10000 1000
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10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 126)	Md.
11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done give street oddress)  130 LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13C (ITY OR TOWN 134 INSUE CITY LM 157 13e STREET AND NUMBER	KIND OF BUSINESS OR
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14. FATHER'S NAME   First   Middle Lost   15 MOTHER'S MAIDEN NAME First   Middle	last
	6931
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 7 Address	
18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c))  PART I. DEATH WAS CAUSED BY  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause  (c)  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	_
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196. DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?  YES NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2. Item 18	RED IN CERTIFYING
돌등 결정을 지를 NO 图 CAUSE OF DEATHS	
210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	)
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of work of work of	
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sow the deceased alive on 15 - 1968, and that in (my) (our) opinion death occurred on the date and	d hour and from the
couses stated above, (I) (we) (did) (did nat) view the body after death.	
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220. I certify that (I) (this haspital) attended the deceased from 1-28-1967, to 3-15-1968 sow the deceased alive on 8-15-1968, and that in (my) (our) opinion death occurred on the date and couses stated above, (I) (we) (did) (did nat) view the body after death.  22b SIGNATURE  22c. DATE SIGNATURE  22c. DATE SIGNATURE  22c. DATE SIGNATURE	5-60
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PHYSICIAN'S NAME (Type) CESAR VALLE CAVERD 220. ADDRESS 8629 Liberty Rd	
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~ <u> </u>	AT WORK AT WORK AT HOME of
ICAL E executor. Pa far CTOR: burnal,	220 I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinio
Sic a but	death resulted from Notural couses Accident Suicide, Homicide, Undetermined monner
y, plet grad dispersion of prior it	ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  MD ASSISTANT MED.CA. EXAM.NER   226 DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICA, EXAMINER DEPUTY MEDIC
	NAME (Type) V. NELS ON MICH AT ADDRESS (Street, city, town, ar caunty)
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MARYLAND STATE DEPARTMENT OF HEALTH /



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CIAN: biral ar rifficate J for u of Heal	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medicol examination)	H HOUR A.M.	NJURY Manth Day Year		OW INJURY OCC	URRED (Enter na	ture of injur	y in Part 1 or Part 2,	tem 18.)	
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1		11230 DIVISION OF VITAL RECORDS, 301-W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
	L	CERTIFICATE OF DEATH
24 haurs after death.  24 haurs after death.  72 hours after death.		CEASED-NAME First Middle Lost 20 DATE OF DEATH  YOU OF print)  YOU THE FIRST MIDDLE ST. HOUR  YOU OF PRINTS MIDDLE ST. HOUR  YOU MANUAL
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ATTENDING etained by th CTOR: After 8 should be d		22a. I certify that (1) (this haspital) attended the deceased from the saw the deceased alive and the deceased from the courses stated abave, (1) (we) (did) (did not) view the body after death.
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FUN Bage	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 . A	24	REMOVA (Specify) 8-28-68 LOUDON PARK Cem. BALTO, Md. FUNERAL DIRECTOR  ADDRESS  ADDR
VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR ADDRESS ALTO. NATIZ 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



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1/		11281 DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201	
-		1 1 Con 11 Film Chi CERTIFICATE OF DEATH	1289
. 6.		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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rest che pt.	Ä		inty State
DING PHYSICIAN: The law reby the hospital or attending later this certificate has been be detached far use as the State Dept. of Health prior ta		While Not while at work at work	
UDING d by ti After d be d		22a. I certify that (I) (this haspital) attended the deceased from 7/30, 1967, to 6/1, 1969	_, that (I) (we) lost
d b d b d b		22a. I certify that (I) (this hospital) attended the deceased from	id have and fram the
OR January		(auses stoted above, (i) (aid nat) view the body after death.	
With the Party of		22b. SIGNATURE ATTENDING MED. STAFF 22c. OATE S	GNED
be sed		DEGREE PHYS I DIRFCTOR I PHYS II	4(68
TAL AL Pog e fil	1	22d PHYSICIANS NAME (Type) ROMALD BERFER, M.D. 22e. ADDRESS 9501 LIBERTY RD.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior ta burial, cre			
HO Fu	23	30. BURIAL, CREMATION, REMOBILIFIED Aug. 6,68 Parkwood emetery Parkville Marylar	unty) (State)
5 5 5 P			
VR A15 (4)↑		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	(TURE
30M REV. 1/44	OKL	oring Myers Funeral Home 8728 Liberty Rd. DANUG 9 1968 filteries	Just Just

brail real participants and property and the second Contract comes among the Contract of the Contr

1.			11282	DIVISION OF		BRTIFICATE OF I		E, MARYLAND 21201	112	90
death.		1. DE	CEASED-NAME First ype or print) BLAN	clte	Middle	Last YLAG	4	DATE OF DEATH Month	Day Year	2b. HOUR
after a differ		3. SE	F	4. RACE	W	S. DATE OF BIR June	TH 4, 1882	6. AGE (In years last <b>Sig</b> nday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
executed within 24 hours after death d completely filled in by the topeol smove carbon popers. Page 1 of 2 any event, within 72 hour, after reoth		7a. B	IRTHPLACE (State or foreign try) Maryland	76. CITIZEN OF W	S. A.	B. MARRIED NEVER MARR WIDOWED NOT DIVORCE	TED	unty of DEATH altimore		Md.
completely filled ove carbon pop	10	ID. C	Catonsville	give	street address tt N	UTUTION (If not in hospital ursing Home		UPATION (Kind of work don working life, wen if retired OUSEWITE		USINESS OR
complete ove car	3	admi	USUAL RESIDENCE (Where decease ssion) Maryland	13b. COUNTY	Baltimore	Elkridgelle		13e. STREET AND NUMBER 5709 Old Wa	ash. Rd.	21227
200	1		ATHER'S NAME First Henry Baker	Middle	Last		DEN NAME first et Trehe			Last
physicia en ptea oval, on		16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, of unknown) (If yes give w	ED FORCES? ar or dates of service)	None		Y. Robbi	ns, 5709 W1d	Wash. Rd	
DING PHYSICIAN: The low requires that the death control by the hospital or attending physician.  After this certificate has been signed by the attending be detached for use as the burial-transit permit. The State Dept. of Health prior to burial, cremation, or rem			5/4 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	BY: TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE OF	HYPO	STATION C	à preum		SET AND DEATH
	2	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. (		UTING TO DEATH BUT NO	ne		ION GIVEN IN PART I(a)  20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CER	RTIFYING
		MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN  or contributing cause of Dean (If either, notify medical examin 21d. INJURY OCCURRED 21e.	HOUR A.M.	Manth Day Year	21c. HOW INJURY OCCU		e af injury in Part 1 or Part  City or Tawn	2, Item 1B.) County	State
			While Nat while 22a. I certify that (I) (this saw the deceased all causes stated abave			1		to 37 G, death accurred an the	19 <u>2</u> 7, that date and haur o	(I) (we) last and from the
Page 4 moy be retoined  O FUNERAL DIRECTOR: A director, page 3 should should be filed with the			22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	Ra	ATI (ÉE	DEGREE ATTENDING PHYS.	MED. DIRECTO	STAFF C	DATE SIGNED	. 7
Poge 4 moy TO FUNERAL director, pog should be fi				DATE 12-68	Loudon	EMETERY OR CREMATORY Park Cembee	23d. Fy F1	LOCATION (City or Town)		(State) 21229
VR A15 (4) 30M REV. 1	X		funeral director oward H. Hubbar	d, 4107	Wilkens Av		DATE AUG 1	2 1968 REGISTRA	ior la fue	ye.

MAKILAND STATE DEPARTMENT OF HEALTH

